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2012 01/25/2010 3 00 PM

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01/08 , and ending 6/30/09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: UNITED WAY OF INDIAN RIVER COUNTY, INC.

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): PO BOX 1960

Room/suite:

City or town, state or country, and ZIP + 4: VERO BEACH FL 32961-1960

D Employer identification number: 59-1087090

E Telephone number: 772-567-8900

G Gross receipts $: 3,057,269

F Name and address of principal officer:
MIKE W. KINT
SAME AS "C" ABOVE

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: ▶ WWW.UNITEDWAYIRC.ORG

H(c) Group exemption number ▶

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1961

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

MISSION: TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY.
VISION: TO PROACTIVELY BUILD A STRONG, HEALTHY AND CARING COMMUNITY.
WE SUPPORT 42 PROGRAMS AT 30 LOCAL HEALTH & HUMAN SERVICE AGENCIES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of employees (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	508
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,418,556	2,238,866
	9 Program service revenue (Part VIII, line 2g)	2,850	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	190,195	9,766
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,815	23,173
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,661,416	2,271,805
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,736,316	1,904,679
	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)	389,672	475,827
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 261,252		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	305,294	256,173
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,431,282	2,636,679
	19 Revenue less expenses Subtract line 18 from line 12	230,134	-364,874

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	6,882,404	6,224,936
	21 Total liabilities (Part X, line 26)	59,656	79,750
	22 Net assets or fund balances Subtract line 21 from line 20	6,822,748	6,145,186

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: 1-28-10

MICHAEL KINT, CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date: 1/25/10 | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions) P00282902

Firm's name (or yours if self-employed), address, and ZIP + 4: HARRIS, COTHERMAN, JONES, PRICE & ASSOC.
5070 N HIGHWAY A1A STE 250
VERO BEACH, FL 32963-1216

EIN ▶ 65-0689902

Phone no ▶ 772-234-8484

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

DAA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2008)

SCANNED FEB 25 2010

RECEIVED 4 FEB 05 2010 OGDEN UT

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

MISSION: TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY.
VISION: TO PROACTIVELY BUILD A STRONG, HEALTHY AND CARING COMMUNITY.
WE SUPPORT 42 PROGRAMS AT 30 LOCAL HEALTH & HUMAN SERVICE AGENCIES.

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 $ 1,908,132 including grants of $ 1,908,132) (Revenue $)
PROGRAM SERVICES - SEE ATTACHED DESCRIPTION

4b (Code) (Expenses $ 67,690 including grants of $) (Revenue $)
COMMUNITY INVESTMENT - SEE ATTACHED DESCRIPTION

4c (Code) (Expenses $ 162,919 including grants of $) (Revenue $)
REACHING OUT TO THE COMMUNITY - SEE ATTACHED DESCRIPTION

4d Other program services (Describe in Schedule O)
(Expenses $ 17,961 including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 2,156,702 (Must equal Part IX, Line 25, column (B))

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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
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	5		
6	Did the organization maintain any donor advised funds or any 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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		X
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	15		X
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	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

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	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
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			X
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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
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 provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a			X
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			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
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 (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 18		
b	Enter the number of voting members that are independent	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	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?	16a		X
b	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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Form 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

[X] Own website [X] Another's website [X] 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 ▶ MICHAEL KINT 1836 14TH AVE

VERO BEACH FL 32960 772-567-8900

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 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 officer, director, trustee, or key employee

(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			
BILL PENNEY CHAIRMAN	2	X		X				0	0	0
MICHAEL KMETZ CHAIRMAN ELE	2	X		X				0	0	0
ILAIN ISAAC TREASURER	2	X		X				0	0	0
KATHY MARSHALL SECRETARY	2	X		X				0	0	0
LARRY LEONARD	1	X						0	0	0
FRED M. BLAICHER, JR.	1	X						0	0	0
SHARON BROOME	1	X						0	0	0
KEVIN BROWNING	1	X						0	0	0
MIRIAM BURNS	1	X						0	0	0
C. WILLIAM CURTIS	1	X						0	0	0
ANTHONY DONADIO	1	X						0	0	0
SHERYL KOENES	1	X						0	0	0
CHRIS LOFTUS	1	X						0	0	0
TOM MANWARING	1	X						0	0	0
CHAD MORRISON	1	X						0	0	0
LARRY REISMAN	1	X						0	0	0
GERRY THISTLE	1	X						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			
TAMMY VOCK	1	X						0	0	0
MIKE W. KINT CEO	40			X				77,520	0	16,294
1b Total ▶								77,520		16,294

2 Total number of individuals (including those in 1a) 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? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

2 Total number of independent contractors (including those in 1) 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					
	b Membership dues	1b					
	c Fundraising events	1c	30,350				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,208,516				
	g Noncash contributions included in lines 1a-1f $		49,701				
	h **Total.** Add lines 1a–1f			2,238,866			
Program Service Revenue		Busn. Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			131,782			131,782
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities 650,589	(ii) Other				
	b Less cost or other basis & sales exps	772,605					
	c Gain or (loss)	-122,016					
	d Net gain or (loss)			-122,016			-122,016
	8a Gross income from fundraising events (not including $ 30,350 of contributions reported on line 1c) See Part IV, line 18	a	33,817				
	b Less direct expenses	b	12,859				
	c Net income or (loss) from fundraising events			20,958			20,958
	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					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Busn. Code				
	11a KICKOFF AND THANK YOU EVENT			2,215			2,215
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			2,215			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2,271,805	0	0	32,939

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,897,816	1,897,816		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	6,863	6,863		
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	79,040	23,862	44,737	10,441
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	299,721	108,705	76,466	114,550
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	66,894	23,413	21,406	22,075
10 Payroll taxes	30,172	10,560	9,655	9,957
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	10,940	3,829	3,659	3,452
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	6,056	2,952		3,104
13 Office expenses	41,501	7,649	4,559	29,293
14 Information technology				
15 Royalties				
16 Occupancy	22,597	12,848	4,716	5,033
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,973	1,830	1,989	6,154
20 Interest				
21 Payments to affiliates	24,969		24,969	
22 Depreciation, depletion, and amortization	52,230	18,280	16,714	17,236
23 Insurance				
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 INSURANCE - OPERATING	13,892	4,297	3,930	5,665
b REPAIRS & MAINTENANCE	12,976	9,307	977	2,692
c INVESTMENT FEES NT	8,638			8,638
d MEMBERSHIP DUES & SUB - O	6,904	2,380	1,788	2,736
e OTHER FOUNDATION EXPENSES	6,679			6,679
f All other expenses	38,818	22,111	3,160	13,547
25 Total functional expenses. Add lines 1 through 24f	2,636,679	2,156,702	218,725	261,252
26 Joint Costs. Check here ▶ ☐ 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		115,886	1	169,934
	2	Savings and temporary cash investments		2,152,001	2	1,658,765
	3	Pledges and grants receivable, net		401,148	3	366,329
	4	Accounts receivable, net		811	4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties 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		37,003	7	22,403
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		43,582	9	42,544
	10a	Land, buildings, and equipment cost basis	10a 1,387,661			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 252,633	1,174,778	10c	1,135,028
	11	Investments—publicly traded securities		2,916,977	11	2,800,749
	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		40,218	15	29,184
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,882,404	16	6,224,936
Liabilities	17	Accounts payable and accrued expenses		27,284	17	21,351
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	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			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		32,372	25	58,399
	26	**Total liabilities.** Add lines 17 through 25		59,656	26	79,750
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,436,091	27	3,888,263
	28	Temporarily restricted net assets		2,386,657	28	2,256,923
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		6,822,748	33	6,145,186
	34	Total liabilities and net assets/fund balances		6,882,404	34	6,224,936

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
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?	3a		
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number 59-1087090

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 (Please check only **one** organization)

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).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An 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).** (see instructions)

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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,594,788	2,162,422	2,400,183	2,418,556	2,255,015	11,830,964
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 1-3	2,594,788	2,162,422	2,400,183	2,418,556	2,255,015	11,830,964
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)						225,752
6 **Public support.** Subtract line 5 from line 4						11,605,212

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,594,788	2,162,422	2,400,183	2,418,556	2,255,015	11,830,964
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	99,280	123,067	192,575	197,454	131,782	744,158
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)						
11 **Total support.** Add lines 7 through 10						12,575,122

12 Gross receipts from related activities, etc (see instructions) 12 387,967

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 92.2871 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 94.4824 %

16a **33 1/3 % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2008.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2007.** 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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** 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—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

United Way of Indian River County
59-1087090
FYE: 6/30/09

Form 990, Schedule B, Part I - Contributors
GIFT DETAIL REPORT

CONTRIBUTOR'S NAME	STOCK CONTRIBUTIONS OF $5000 OR MORE	CASH CONTRIBUTIONS OF $5000 OR MORE
Publix Super Markets		$ 203,223
IRC School District		72,390
Indian River Medical Center		61,935
Rossway Moore & Taylor		43,998
Bryson, Vaughn		29,429
CVS/pharmacy		29,201
Northern Trust		27,274
Kelly, James P.		27,000
City of Vero Beach		25,977
Sexton, O. Griffith		25,000
McGowan, Raymond J.		25,000
Welles, David K.		25,000
Florida Power & Light		24,141
IRC Sheriff's Office		21,124
Rhoads, J. Jay	19,605	-
Indian River County		18,844
Seacoast National Bank		18,117
Riverside National Bank		18,020
Wachovia		17,508
CDC Publishing LLC		15,348
Rogers, Clarence B.		15,000
Dayton, Edward N.		15,000
Morrison, John W.		15,000
Stubbs, Wm. King		15,000
CWA Local 3111/AT&T		14,233
RBC Bank		13,623
Piper Aircraft		13,368
IRC Clerk of Circuit Court		13,331
Hanley, John W.		13,000
M A. Ford Manufacturing Co., Inc.		12,755
United Parcel Service		12,737
Clark, A. James		12,000
Standish, J. Spencer		12,000
King, Ralph T.		12,000
Ireland, Glenn		12,000
McDonald, F. James		11,000
Teetz, Melvin D.		10,966
Disney's Vero Beach Resort		10,867
Sun Ag, Inc.		10,837
McCord, John C.		10,000
Hauptfuhrer, Robert P.		10,000
The John and Norma Darling Foundation		10,000
Lambert, Roy		10,000
Dobbs, John H.		10,000

United Way of Indian River County
59-1087090
FYE: 6/30/09

Form 990, Schedule B, Part I - Contributors
GIFT DETAIL REPORT

CONTRIBUTOR'S NAME	STOCK CONTRIBUTIONS OF $5000 OR MORE	CASH CONTRIBUTIONS OF $5000 OR MORE
Goodes, Melvin R.		10,000
Lambert, Donald M.		10,000
MacMillan, Whitney		10,000
Marran, Ethel		10,000
Ragland, W. Trent		10,000
Richard, H. Van B.		10,000
Garfield, David C.		10,000
Barton, Andrew P		10,000
Riefler, Donald B.		10,000
Blaicher, Fred M.		10,000
Moritz, Charles W.		10,000
Marcum, Joseph L.		10,000
Scully, William P.		10,000
Richardson, Dan K.		10,000
Jennings, Maurice N.		10,000
Corr, Thomas		10,000
Michael, Edward		10,000
Rhoads, Michael D.	9,947	
Ross, Richard M.	9,819	
Florida State Employee Charitable Campaign		9,665
Merrill Lynch		9,640
Macy's		9,336
Elliott Merrill Community Mgt.		8,964
JCPenney Company		8,131
Marine Bank & Trust Company		7,736
Baker, Norman D.		7,500
Caldarone, Anthony J.		7,500
Wal-mart (Combined)		7,376
National City		7,207
Bank of America		7,089
Willis HRH		6,991
Torwest, Inc.		6,608
Merchants Association Collection Division, Inc.		6,608
Ireland, William D.		6,500
Harris, Cotherman, Jones, Price & Associates, CPAs		6,491
Sebastian River Medical Center		6,428
United Way of IRC		6,408
Morgan, Jacoby, Thurn, Boyle & Associates		6,302
George E. Warren Corporation		6,222
Croom Construction Company		6,130
Bravo, Lucia		6,000
Chamberlain, John		6,000
Curley, John F.		6,000
SunTrust Bank		5,987

United Way of Indian River County
59-1087090
FYE: 6/30/09

Form 990, Schedule B, Part I - Contributors
GIFT DETAIL REPORT

CONTRIBUTOR'S NAME	STOCK CONTRIBUTIONS OF $5000 OR MORE	CASH CONTRIBUTIONS OF $5000 OR MORE
HealthSouth Treasure Coast Rehabilitation Hospital		5,781
Indian River State College		5,356
Sprole, Frank A.		5,333
Buckingham-Wheeler Agency, Inc.		5,253
Perkins, Jerry A.		5,250
Schlitt Insurance Services, Inc.		5,240
O'Connor, Jean W.	5,238	
Target		5,134
Greene, Richard	5,092	
Whittaker, Kent		5,000
Salustro, Larry		5,000
Sams, David		5,000
Delacruz, Olivia		5,000
Slater, Thomas F.		5,000
Truettner, W. James		5,000
Gibson, John V.		5,000
O'Steen, John		5,000
Becker Trading Company		5,000
Pike, Otis G.		5,000
Rhoads, Jay R.		5,000
Longbine, Robert F.		5,000
Beckers, Richard W.G.		5,000
Holliday, John H.		5,000
Salmon, John L.		5,000
MacTaggart, Barry		5,000
Griswold, Brendon		5,000
Padgett, Kenneth E.		5,000
Walker, Gilford B.		5,000
Bell, Samuel H.		5,000
McLoughlin, Richard F		5,000
Condie, Herbert D.		5,000
Haverland, Richard M.		5,000
Forrester, Andrew H.		5,000
	$ 49,701	$ 1,529,407

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number
59-1087090

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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 Trust, Escrow and Custodial Arrangements. Complete if 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 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					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _ _ _ _%
- b Permanent endowment ▶ _ _ _ _%
- 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	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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) Depreciation	(d) Book value
1a Land		160,000		160,000
b Buildings		1,044,467	115,252	929,215
c Leasehold improvements		5,979	1,178	4,801
d Equipment		177,215	136,203	41,012
e Other				
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶				1,135,028

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
OTHER PAYABLES	26,239
MENTAL HEALTH COLLABORATI	24,027
UWIRC	12,879
ACCRUED PAYROLL	4,245
PLATINUM PLUS FOR BUSINES	3,065
ACCRUED PAYROLL TAXES	325
AFLAC	200
UNMET NEEDS COMMITTEE	
IRC NEEDS ASSESSMENT	
ALL OTHER	-12,581
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	58,399

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,271,805
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,636,679
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-364,874
4	Net unrealized gains (losses) on investments	4	-312,689
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	-312,689
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-677,563

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	2,009,837
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-312,689		
b	Donated services and use of facilities	2b	46,500		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	12,859		
e	Add lines 2a through 2d			2e	-253,330
3	Subtract line 2e from line 1			3	2,263,167
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	8,638		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	8,638
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	2,271,805

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

1	Total expenses and losses per audited financial statements			1	2,687,400
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	46,500		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	12,859		
e	Add lines 2a through 2d			2e	59,359
3	Subtract line 2e from line 1			3	2,628,041
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	8,638		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	8,638
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	2,636,679

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

RECLASSIFICATION $ 12,859

RECLASSIFICATION $ -12,859

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

RECLASSIFICATION $ 12,859

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER RECLASSIFICATION $ 12,859

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number: 59-1087090

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- a ☐ Mail solicitations
- b ☐ Email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 GOLF TOURNAMENT (event type)	(b) Event #2 CITRUS SALES (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	42,698	21,469		64,167
	2 Less Charitable contributions	30,350			30,350
	3 Gross revenue (line 1 minus line 2)	12,348	21,469		33,817
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	11,955	904		12,859
	8 Direct expense summary Add lines 4 through 7 in column (d)			▶	(12,859)
	9 Net income summary Combine lines 3 and 8 in column (d)			▶	20,958

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			▶	

			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	Provide 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 Name ▶ Address ▶				
16	Gaming manager information Name ▶ Gaming manager compensation ▶ $ Description of services provided ▶ ☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number: 59-1087090

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? [X] 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" on 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 ▶ [ ]

1 (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
2-1-1 HELPLINE P.O. BOX 3588 LANTANA FL 33465	23-7153017	3	61,320				EMERGENCY SERVICES
AMERICAN RED CROSS 2506 17TH AVENUE VERO BEACH FL 32960	59-0637807	3	37,500				EMERGENCY SERVICES
ABILITIES RESOURCE CENTER 1375 16TH AVENUE VERO BEACH FL 32960	59-1626205	3	96,850				RESPITE CARE
BIG BROTHERS BIG SISTERS 125 NORTH 2ND STREET FORT PIERCE FL 34950	59-2455513	3	10,000				YOUTH DEVELOPMENT
BOY SCOUTS 8335 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410	59-0624407	3	50,000				YOUTH DEVELOPMENT
BOYS AND GIRLS CLUB 2926 PIPER DR. VERO BEACH FL 32960	59-3623298	3	142,500				YOUTH DEVELOPMENT
CATHOLIC CHARITIES / SAMARITAN CENT 3650 41ST STREET VERO BEACH FL 32967	59-2470479	3	73,000				SAMARITAN CENTER
CHILD CARE RESOURCES 1801 24TH STREET VERO BEACH FL 32960	65-0523165	3	205,052				YOUTH DEVELOPMENT
CHILDREN'S HOME SOCIETY 415 AVENUE A, SUITE 100 FORT PIERCE FL 34950	59-0192430	3	45,900				FAMILY BUILDERS & CR

2 Enter total number of section 501(c)(3) and government organizations ▶ 39

3 Enter total number of other organizations ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL AID	22	6,863			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

ON AN ANNUAL BASIS, UNTIED WAY REVIEWS FUNDED PROGRAMS THROUGH A CITIZENS REVIEW PROCESS. THE MATERIALS REVIEWED INCLUDES BOTH NARRATIVE PROGRAM INFORMATION AND ALSO BUDGET DETAIL ON BOTH THE AGENCY AND THE INDIVIDUAL PROGRAMS. AGENCIES ALSO ANNUALLY REPORT THE RESULTS ON THE PROGRAM OUTCOMES WHICH WERE ESTABLISHED IN THE PRIOR YEAR. THE UNITED WAY ALSO HAS QUARTERLY MEETINGS WITH THE CEO'S OF THE AGENCIES.

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 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number 59-1087090

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COMMUNITY CHURCH 1901 23RD STREET VERO BEACH FL 32960	59-0760199	3	10,000				ECONOMIC CRISIS AID
CONNECTED FOR KIDS C/O YOUTH GUIDAN 1028 20TH PLACE STE B VERO BEACH FL 32960	65-0017325	3	6,000				YOUTH DEVELOPMENT
DASIE HOPE CENTER 8445 64TH AVENUE WABASSO FL 32970	02-0633089	3	67,500				YOUTH DEVELOPMENT
DEAF AND HARD OF HEARING SERVICES 10016 S. FEDERAL HIGHWAY PORT ST.LUCIE FL 34952	65-0147688	3	16,000				DEAF SERVICES
DRUG ABUSE TREATMENT CENTER 1016 NORTH CLEMONS ST., SUITE 200 JUPITER FL 33477	59-1363887	3	48,850				TREATMENT SERVICES
EARLY LEARNING COALITION 10 SE CENTRAL PARKWAY, SUITE 400 STUART FL 34994	65-1035652	3	64,510				YOUTH DEVELOPMENT
ECONOMIC OPPORTUNITY COUNCIL 1456 OLD DIXIE HWY VERO BEACH FL 32961	59-1144567	3	16,000				CONSUMER ASSISTANCE
EXCHANGE CLUB 1275 OLD DIXIE HWY VERO BEACH FL 32960	59-2094472	3	153,000				IN HOME PARENT EDUCA
GIFFORD YOUTH ACTIVITY CENTER 4875 43RD AVENUE VERO BEACH FL 32967	43-1950911	3	67,000				YOUTH DEVELOPMENT
GIRL SCOUTS 1224 W. INDIANTOWN RD. JUPITER FL 33458	59-0657327	3	10,000				YOUTH DEVELOPMENT
HIBISCUS CHILDREN CENTER 1145 12TH STREET VERO BEACH FL 32960	59-2632361	3	15,000				CRISIS NURSERY PROGR

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number 59-1087090

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HOMELESS FAMILY CENTER 715 4TH PLACE VERO BEACH FL 32962	59-3129752	3	22,500				HOMELESS ASSISTANCE
INDIAN RIVER COUNTY DENTAL PROGRAM 1900 27TH STREET VERO BEACH FL 32960			57,000				GOV'T AGENCY(COUNTY)
INDIAN RIVER COUNTY HEALTHY START 1615 10TH AVENUE VERO BEACH FL 32960	65-0363222	3	45,200				TLC NEWBORN PROGRAM
LITERACY SERVICES OF I.R. COUNTY 1600 21 STREET VERO BEACH FL 32960	59-1987210	3	19,800				ADULT LITERACY
MENTAL HEALTH ASSOCIATION 820 37TH PLACE VERO BEACH FL 32960	59-1693337	3	75,000				WALK IN CLINIC
REDLANDS CHRISTIAN MIGRANT ASSOCIAT P.O. BOX 369 FELLSMERE FL 32948	59-1221966	3	44,859				SUBSIDIZED CHILD CAR
SAFE SPACE P.O. BOX 2822 VERO BEACH FL 32961	59-1983994	3	70,000				DOMESTIC VIOLENCE PR
SALVATION ARMY 2655 5TH STREET SW VERO BEACH FL 32968	58-0660607	3	10,000				COMMUNITY ASSISTANCE
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH FL 32960	59-1539957	3	132,500				SENIOR ASSISTANCE
TREASURE COAST FOOD BANK 3051 INDUSTRIAL 25TH STREET FORT PIERCE FL 34946	65-0123281	3	71,667				FOOD PROGRAM
TREASURE COAST HOMELESS SERVICES 2525 ST.LUCIE AVENUE VERO BEACH FL 32960	52-2254571	3	36,308				HOMELESS ASSISTANCE

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number 59-1087090

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED SERVICES ORGANIZATION P.O. BOX 220 VERO BEACH FL 32961	13-1610451	3	5,500				USO PROGRAMS
YOUTH GUIDANCE 1028 20TH PLACE, SUITE B VERO BEACH FL 32960	65-0017325	3	62,000				YOUTH DEVELOPMENT
MENTAL HEALTH COLLABORATIVE 1836 14TH AVENUE VERO BECH FL 32960	59-1087090	3	10,000				MENTAL HEALTH SUPPOR
NEW HORIZONS OF THE TREASURE COAST 4500 W. MIDWAY RD. FORT PIERCE FL 34981	59-6153749	3	25,000				TREATMENT SERVICES

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number 59-1087090

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	5	49,701	
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶( )				
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number: 59-1087090

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

INFORMATION AND REFERRAL: PROGRAM ASSISTS INDIVIDUALS IN LOCATING AID AND SPECIAL ASSISTANCE

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990

FULL REVIEW BY FINANCE COMMITTEE WHO REPORTS TO THE BOARD THE FINDINGS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL OFFICERS, DIRECTORS, TRUSTESS, AND KEY VOLUNTEERS ANNUALLY SIGN A CODE OF ETHICS AND DISCLOSE CONFLICTS/POTENTIAL CONFLICTS AS THEY ARISE. BEGINNING IN 2010, SAID CONFLICTS AND POTENTIAL CONFLICTS WILL BE DISCLOSED IN WRITING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

AN ANNUAL REVIEW IS CONDUCTED BY THE IMMEDIATE PAST-CHAIRMAN, CURRENT CHAIRMAN AND CHAIRMAN-ELECT WHICH INCLUDES: 1) A SELF EVALUATION NARRATIVE THAT SPEAKS TO SPECIFIC GOALS THAT WERE ESTABLISHED AT THE BEGINNING OF EACH YEAR; 2) RESPONSES FROM AN ANONYMOUS STAFF EVALUATION (EACH PERSON FAXES THEIR EVALUATION AND COMMENTS TO THE CURRENT CHAIRMAN); 3) AN EVALUATION FORM EXECUTED BY THE REVIEWERS; 4) A SUMMARY SECTION AND DISCUSSION OF FUTURE GOALS. COMPARABLE COMPENSATION DATA COMES FROM THE EXECUTIVE COMPENSATION SURVEY PROVIDED BY UNITED WAY WORLDWIDE. THIS SURVEY, USUALLY INCLUDES DATA FROM SEVERAL HUNDRED LOCAL UNITED WAYS, IS COMPLETED EVERY TWO TO THREE YEARS. THE FINAL WRITTEN EVALUATION AND SALARY RECOMMENDATION ARE PRESENTED TO THE EXECUTIVE COMMITTEE FOR

Name of the organization: UNITED WAY OF INDIAN RIVER COUNTY,

Employer identification number: 59-1087090

APPROVAL.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

AN ANNUAL PERFORMANCE REVIEW OF KEY STAFF IS CONDUCTED BY THE CEO AND SUPERVISORY STAFF. THE EVALUATION USES A FORM WHICH RATES SEVERAL KEY AREAS AND ALLOWS FOR WRITTEN COMMENTS FOR EACH SECTION. COMPARABLE COMPENSATION DATA COMES FROM THE COMPENSATION SURVEY PROVIDED BY UNITED WAY WORLDWIDE. THIS SURVEY IS COMPLETED EVERY TWO TO THREE YEARS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE O - ADDITIONAL INFORMATION

SCHEDULE I - PART III

PUBLIX EMERGENCY FUNDS: FINANCIAL AID TO PUBLIXEMPLOYEES WHO HAVE FELL ON HARD TIMES AND NEED ONE TIME ASSISTANCE. NO PERSON RECEIVES MORE THAN $500 PER FISCAL YEAR AND THE MONEY IS PAID DIRECTLY TO UTILITY COMPANIES, RENTAL/REAL ESTATE, ETC, IN THE NAME OF THE EMPLOYEE.

FORM 990 - PART I - LINE 15

THE VARIANCE IN SALARIES AND BENEFITS IS LARGELY DUE TO THE ADDITION OF ONE FULL TIME AND ONE PART TIME STAFF MEMBERS IN OUR FOUNDATION AND CAMPAIGN DEPARTMENTS. THIS ALSO INCREASED OUR ACCRUED VACATION COSTS. ALSO OUR MEDICAL BENEFITS PACKAGE SAW A LARGE INCREASE IN PREMIUMS, EVEN AFTER SOME OF THE COST WAS PASSED ON TO OUR EMPLOYEES. MOVING FORWARD IN OUR NEXT FISCAL YEAR, WE HAVE RESPONDED TO THE ECONOMIC CRUNCH FELT BY EVERYONE BY

Name of the organization: UNITED WAY OF INDIAN RIVER COUNTY,

Employer identification number: 59-1087090

IMPLEMEMTING A FREEZE ON SALARIES AND A 50% CUT IN RETIREMENT BENEFITS.

Special Events Schedule

Form **990**

For calendar year 2008, or tax year beginning 7/01/08 , and ending 6/30/09

2008

Name
UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer Identification Number
59-1087090

	(A)	(B)	(C)	Others	Total
Gross receipts	2,215	0	0	0	2,215
Less contributions	0	0	0	0	0
Gross revenue	2,215	0	0	0	2,215
Less direct expenses	0	0	0	0	0
Net income (loss)	2,215	0	0	0	2,215

Description (A) KICKOFF AND THANK YOU EVENT

(B)

(C)

Others

Forms
990 / 990-PF

Other Notes and Loans Receivable

For calendar year 2008, or tax year beginning 7/01/08 , and ending 6/30/09

2008

Name
UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer Identification Number
59-1087090

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

	Name of borrower	Relationship to disqualified person
(1)	OTHER RECEIVABLE	
(2)	UWC - RECEIVABLE	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		5,670	1,070	
(2)		31,333	21,333	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Totals		37,003	22,403	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return: UNITED WAY OF INDIAN RIVER COUNTY, INC.

Identifying number: 59-1087090

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	1,103
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	50,822

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	303
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	52,228
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
145	Shelving	10/11/05	1,543				1,543	15	MQ	S/L	270	103
146	Shleving	10/11/05	514				514	15	MQ	S/L	90	34
151	Sign for recognition wall	10/25/07	1,747				1,747	15	HY	150DB	87	166
			3,804				3,804				447	303
Other Depreciation:												
1	PC - DELL 8250	3/31/03	1,818				1,818	5	MO	S/L	1,818	0
5	HP PRINTER	12/12/02	380				380	5	MO	S/L	380	0
7	DIGITAL CAMERA	3/31/03	610				610	5	MO	S/L	610	0
	Sold/Scrapped. 6/01/09											
8	PARTNER 2 TELE MAILB	5/12/03	989				989	5	MO	S/L	989	0
14	PC - DELL 4550	5/23/03	1,934				1,934	5	MO	S/L	1,934	0
15	HP LASERJET 8550 PRI	5/21/03	1,184				1,184	5	MO	S/L	1,184	0
49	ACS PHONE SYSTEM	3/14/02	4,615				4,615	5	MO	S/L	4,615	0
50	XEROX PRINTER W/FEED	2/21/02	1,891				1,891	5	MO	S/L	1.891	0
54	CANNON NP6551 COPIER	4/16/02	4,700				4,700	5	MO	S/L	4,700	0
	Sold/Scrapped 6/01/09											
57	VOICE MAIL FOR PHONE	6/12/02	350				350	5	MO	S/L	350	0
64	Land	6/26/03	160,000				160,000	0	--	Land	0	0
65	MEDALS CAST	2/11/04	1,250				1,250	3	MO	S/L	1,250	0
69	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	716	210
70	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	716	210
71	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	716	210
72	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	716	210
73	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	716	210
74	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	716	210
75	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	716	210
76	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	716	210
77	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	716	210
78	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	716	210
79	HP LaserJet Printer	2/01/05	417				417	5	MO	S/L	285	83
103	Star Technology/Community Room	2/01/05	33,300				33,300	5	MO	S/L	22,755	6,660
108	Loback Leather Exec Chair/Guest Chair	2/01/05	178				178	7	MO	S/L	87	25
109	Online Micro Projector (w/Keyboard & Mo	2/01/05	1,263				1,263	5	MO	S/L	863	253
110	Dell Poweredge 2600 Server	2/01/05	5,108				5,108	5	MO	S/L	3,490	1,022
111	Dell Inspirior 9100	2/01/05	2,026				2,026	5	MO	S/L	1,384	406
112	Office Products Office Furniture	2/01/05	11,698				11,698	7	MO	S/L	5,710	1,671
113	Office Products Office Furniture	2/01/05	28,552				28,552	7	MO	S/L	13,936	4,079
114	Folding Machine	2/01/05	1,179				1,179	5	MO	S/L	806	235
115	H 4350 Printer & Envelope Feeder	2/01/05	2,359				2,359	5	MO	S/L	1,612	472
116	(6) Laserjet 1300 Printers	2/01/05	1,756				1,756	5	MO	S/L	1,200	351
117	(2) Laserjet 1300 Printers	2/01/05	585				585	5	MO	S/L	400	117
118	Appliances	2/01/05	2,117				2,117	7	MO	S/L	1,033	303
119	Appliances	2/01/05	667				667	7	MO	S/L	326	95
120	Dell Flat Panel Screen	2/01/05	320				320	5	MO	S/L	219	64
121	Dell 24 port Power Connect	2/01/05	164				164	5	MO	S/L	112	33
122	Vetrol Systems Set Up Server & Backup	2/01/05	1,128				1,128	5	MO	S/L	771	225
123	Indian River Telephone	2/01/05	7,890				7,890	5	MO	S/L	5,392	1,578
124	Staples Copier/Printer/Fax	2/01/05	700				700	5	MO	S/L	478	140
125	JC Penney Blinds	2/01/05	854				854	7	MO	S/L	417	122
126	JC Penney Blinds	2/01/05	854				854	7	MO	S/L	417	122
127	Consistent Computer Bargains Software	2/01/05	1,515				1,515	3	MO	S/L	1,515	0
	Sold/Scrapped· 6/01/09											
128	1836 14th Avenue Building	2/01/05	1,043,715				1,043,715	40	MO	S/L	89,151	26,092
130	THREE UPS	2/28/02	297				297	5	MO	S/L	297	0
	Sold/Scrapped 6/01/09											
132	Dell Computer	9/20/05	1,372				1,372	5	MO	S/L	1,029	274
133	110 Stack Chairs	2/01/05	7,094				7,094	7	MO	S/L	3,462	1,014
134	2 Chair Dollies	2/01/05	278				278	7	MO	S/L	136	40
135	2 - 8' Table Trucks	2/01/05	432				432	7	MO	S/L	211	61
136	24 Seminar Folding Tables	2/01/05	3,706				3,706	7	MO	S/L	1,809	529
138	Part Time LE Co-ord HD & Safe Space Mo	4/18/06	1,110				1,110	5	MO	S/L	499	222
139	Blinds - Upper Windows 2nd Floor	6/30/06	827				827	7	MO	S/L	266	118
141	Digital Camera Accessories	6/28/06	1,380				1,380	7	MO	S/L	444	197
142	Digital Camera	6/30/06	2,200				2,200	7	MO	S/L	707	314
143	Hex Table & 5' Carson Bench	6/30/06	1,176				1,176	7	MO	S/L	378	168
144	Hex Table & 5' Carson Bench	6/30/06	392				392	7	MO	S/L	126	56

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
147	(2) Dampers & Programmable Thermostat	7/11/06	351				351	7	MO	S/L	100	50
148	(3) Air Flow Dampers	7/20/06	324				324	7	MO	S/L	89	46
149	Adobe Creative Suite	7/01/06	587				587	3	MO	Amort	391	196
150	Sign for parking lot	7/24/06	734				734	7	MO	S/L	201	105
152	Dell Computer -M Kint	5/13/09	913				913	5	MO	S/L	0	30
153	Signs for NIC	6/05/09	752				752	7	MO	S/L	0	9
154	Website-Design Considerations	9/30/08	2,205			X	1,102	3	MO	Amort	0	1,409
155	2 Hard Drives for Server	8/08/08	560				560	5	MO	S/L	0	103
156	Tape Backup for Servcer	8/08/08	1,302				1,302	5	MO	S/L	0	239
157	Dell Computer	11/11/08	1,681				1,681	5	MO	S/L	0	224
158	Opti Plex 360 Minitower	1/09/09	847				847	5	MO	S/L	0	85
159	OptiPlex 760	6/10/09	928				928	5	MO	S/L	0	15
160	OptiPlex 760	6/11/09	896				896	5	MO	S/L	0	15
161	OptiPlex 760	6/11/09	896				896	5	MO	S/L	0	15
162	Waterproofing Bottom of Building	10/27/08	1,500				1,500	7	MO	S/L	0	143
	Total Other Depreciation		1,373,286				1,372,183				189,385	51,925
	Total ACRS and Other Depreciation		1,373,286				1,372,183				189,385	51,925
Amortization:												
58	WEBSITE DEVELOPMENT	6/30/03	3,000				3,000	3	MO	Amort	3,000	0
	Sold/Scrapped 6/01/09											
59	QUICKBOOKS	6/11/03	426				426	3	MO	Amort	426	0
	Sold/Scrapped 6/01/09											
60	BLACKBAUD RAISER EDG	3/30/00	12,265				12,265	3	MO	Amort	12,265	0
61	BLACKBAUD CAMPAIGN S	10/01/00	5,430				5,430	3	MO	Amort	5,430	0
62	ANTIVIRUS SOFTWARE	3/29/02	429				429	3	MO	Amort	429	0
	Sold/Scrapped 6/01/09											
63	WORDPERFECT SOFTWARE	3/29/02	584				584	3	MO	Amort	584	0
	Sold/Scrapped 6/01/09											
			22,134				22,134				22,134	0
	Grand Totals		1,399,224				1,398,121				211,966	52,228
	Less: Dispositions		11,561				11,561				11,561	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,387,663				1,386,560				200,405	52,228

2012 UNITED WAY OF INDIAN RIVER COUNTY, 01/25/2010 2:59 PM
59-1087090
FYE: 6/30/2009

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
154	Website-Design Considerations	9/30/08	2,205		0	1,103	0	1,102
	Form 990, Page 1		2,205		0	1,103	0	1,102
	Grand Total		2,205		0	1,103	0	1,102

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
INTEREST INCOME	$ 74,050		14	
INTEREST - NT	61,262		14	
ACCRUED INTEREST INCOME	-3,530		14	
TOTAL	$ 131,782			

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
EQUIPMENT & MAINT CONTRAC	$ 6,555	$ 4,702	$ 494	$ 1,359
BANK & CREDIT CARD FEES -	6,347	809	740	4,798
EMPLOYEE BUSINESS EXP - O	4,771	2,092	230	2,449
THANK YOU EVENT EXPENSE	4,729	4,729		
ADMINISTRATIVE FEES	3,808	486	443	2,879
AGENCY AWARDS	3,500	3,500		
EVENTS EXPENSES - OPERAT	2,743	2,743		
MISCELLANEOUS - OPERATING	2,436	1,368	519	549
EMPLOYEE APPRECIATION EXP	1,615	565	516	534
MISCELLANEOUS - ALLOC	519	292	111	116
UNITED WAY OF AMERICA	500	500		
POSTAGE FOUNDATION	401			401
BOARD LUNCH	336	276	60	
EMPLOYEE BUSINESS EXP	192			192
EVENTS & MEETINGS	164			164
PAYROLL EXPENSES	140	49	47	44
PRINTING & PUBLICATION -	62			62
TOTAL	$ 38,818	$ 22,111	$ 3,160	$ 13,547

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
	$ 11,353,710	$
PUBLIX SUPER MARKETS	477,254	225,752
TOTAL	$ 11,830,964	$ 225,752

Account Statement

July 1, 2008 - June 30, 2009

Account Number
UNITED WAY IRC

YTD Realized Gain/Loss Details

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
Short Term Capital Gains and Losses						
Trade Activity						
MFB NORTHERN EMERGING MARKETS EQUITY FUN D (NOEMX)	72.93	05/06/09	12/19/08	$ 592.19	$ 476.93	$ 115.26
MFB NORTHERN FDS SMALL CAP INDEX FD (NSIDX)	2,156.82	10/01/08	10/24/07	18,182.00	23,962 25	(5,780 25)
MFO CREDIT SUISSE COMMODITY- RETURN PLUS STRATEGYFD COM CL (CRSOX)	520.13	10/01/08	10/24/07	5,664.22	6,080 32	(416.10)
	18.86	10/01/08	12/11/07	205.39	222.70	(17 31)
	802.80	10/01/08	02/11/08	8,742.50	10,308.00	(1,565.50)
NOKIA CORP SPONSORED ADR (NOK)	10.00	09/04/08	08/11/08	224.69	271.20	(46.51)
Total Short Term Capital Gains and Losses				33,610.99	41 321.40	($ 7,710.41)
Long Term Capital Gains and Losses						
Trade Activity						
ABBOTT LABS NT 3 75 DUE 03-15-2011 /03-18-2004 REG	25,000.00	05/06/09	02/11/08	25,937 50	25,177.00	760 50
ACCENTURE LTD BERMUDA CLS A COM (ACN)	10 00	08/11/08	01/22/07	417.15	367.41	49.74
AMERN GEN FIN CORP MEDIUM TERMSR NTS-BOO K ENTRY MTN 3.875 DUE 10-01-2009 (MTN1	25,000 00	10/09/08	10/29/04	15,000.00	24,850.25	(9,850.25)
EXXON MOBIL CORP COM (XOM)	5 00	08/11/08	03/08/01	390.04	210 50	179.54
	5.00	08/11/08	10/16/03	390.04	193 75	196.29

Continued on next page.

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
FHLB CONS BD 5.52 01-20-2009 (FHLB1)	25,000.00	01/20/09	05/17/02	25,000 00	25,233 75	(233.75)
FHLMC FHLMC AGY NOTE 3 375 04-15-2009	25,000 00	04/15/09	04/23/04	25,000 00	25,000.00	
GOLDMAN SACHS GROUP INC COM (GS)	50.00	09/04/08	03/21/02	8,161.42	4,479.00	3,682 42
GOLDMAN SACHS GROUP INC 4.5% DUE 06-15-2010 BEO	50,000.00	05/06/09	06/20/07	50,650.00	49,487 99	1,162.01
HARTFORD FINL SVCS GROUP INC COM (HIG)	175 00	07/29/08	03/02/04	10,877.14	11,406.50	(529.36)
HEWLETT PACKARD CO COM (HPQ)	15.00	08/11/08	03/12/07	690.45	604.65	85.80
ITT CORP INC COM (ITT)	10 00	08/11/08	04/25/07	674.40	625 70	48 70
LEHMAN BROS HLDGS INC MEDIUM TERM NTS B OOK ENTRY 5.75 5-17-2013 IN DEFAULT	25,000.00	09/11/08	05/15/06	17,750 00	24,795.75	(7,045.75)
MEDCO HEALTH SOLUTIONS INC COM(MHS)	10.00	08/11/08	03/12/07	482.50	346 20	136.30
MFB NORTHERN EMERGING MARKETS EQUITY FUN D (NOEMX)	2,156.88	10/01/08	03/12/07	20,210 00	23,164 86	(2,954.86)
	1,101.97	05/06/09	03/12/07	8,947.98	11,835 14	(2,887 16)
	2,382.39	05/06/09	10/24/07	19,344 96	36,260.00	(16,915.04)
	54.97	05/06/09	12/19/07	446.36	766.88	(320.52)
	44.59	05/06/09	12/19/07	362.07	621.99	(259.92)
	735.30	05/06/09	02/11/08	5,970.62	9,331.00	(3,360 38)
MFB NORTHERN FDS GLOBAL REAL ESTATE IND EX FD (NGREX)	1,709.21	05/06/09	03/12/07	9,093 00	21,809.49	(12,716.49)
MFB NORTHN INTL EQTY INDEX FD (NOINX)	2,172.53	05/06/09	04/05/05	17,336 81	21,312.51	(3,975.70)

Continued on next page.

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
	43.19	05/06/09	12/20/05	344.66	473 80	(129.14)
	1.67	05/06/09	12/20/05	13.33	18 28	(4.95)
	132.64	05/06/09	12/19/06	1,058.46	1,758.83	(700.37)
	77.62	05/06/09	12/19/06	619 41	1,029.26	(409.85)
	144.16	05/06/09	12/19/07	1,150.40	1,996.58	(846.18)
	31.57	05/06/09	12/19/07	251.93	437.25	(185.32)
MFB NORTHN MID CAP INDEX FD (NOMIX)	720.76	10/01/08	05/15/06	7,258.00	8,533.77	(1,275.77)
MFB NORTHN MULTI-MANAGER INTL EQTY FD (N MIEX)	655 77	05/06/09	10/24/07	4,774.00	8,479 09	(3,705 09)
MFB NORTHN MULTI-MANAGER MID CAP FD (NM MCX)	576.17	10/01/08	03/12/07	5,174.00	6,407.01	(1,233.01)
MFB NORTHN MULTI-MANAGER SMALLCAP FD (NM MSX)	2,221.87	10/01/08	03/12/07	18,997.00	25,084.90	(6,087.90)
MFO CREDIT SUISSE COMMODITY-RETURN PLUS STRATEGYFD COM CL (CRSOX)	1,084.01	10/01/08	03/12/07	11,804 89	12,000.00	(195.11)
MICROSOFT CORP COM (MSFT)	230.00	08/11/08	02/04/97	6,469 86	2,928.90	3,540.96
	45.00	08/11/08	03/13/03	1,265.85	1,083.15	182.70
	50.00	08/11/08	04/25/07	1,406.49	1,444.00	(37.51)
NATIONAL OILWELL VARCO COM STK(NOV)	125.00	08/13/08	03/12/07	8,991.61	4,509.33	4,482.28
NOKIA CORP SPONSORED ADR (NOK)	30.00	09/04/08	04/09/07	674.07	703.94	(29 87)
	295.00	09/04/08	08/31/07	6,628.35	9,743.73	(3,115.38)

Continued on next page.

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
PROCTER & GAMBLE CO COM (PG)	10.00	08/11/08	01/22/07	693.90	657.40	36.50
PRUDENTIAL FINL INC COM (PRU)	5.00	07/29/08	03/12/07	324.00	448.45	(124.45)
	45 00	07/29/08	04/25/07	2,915.98	4,265 55	(1,349.57)
SR NT SER G 5 375% DUE 10-01-2008 BEO	25,000.00	10/01/08	12/15/06	25,000.00	25,119.00	(119.00)
SUNCOR INC COM STK NPV (SU)	10.00	08/11/08	07/13/07	515.10	477.49	37.61
	150.00	09/04/08	07/13/07	7,362 38	7,162.39	199.99
UNITED STATES TREAS NTS DTD 00140 4 87 5%DUE 10-31-2008 REG	25,000.00	10/31/08	11/09/06	25,000 00	25,058 59	(58.59)
WELLS FARGO & CO NEW COM STK (WFC)	15 00	07/29/08	01/22/07	443.85	536.85	(93 00)
WELLS FARGO & CO NEW SR NT 4.375% DUE 01-31-2013 BEO	25,000.00	05/06/09	02/11/08	24,231.75	25,188.00	(956.25)
Capital Gains Distribution						
MFB NORTHERN EMERGING MARKETS EQUITY FUN D (NOEMX)		12/22/08	02/11/08	476 93	0 00	476.93
MFB NORTHERN FDS GLOBAL REAL ESTATE IND EX FD (NGREX)		12/22/08	02/11/08	88.70	0.00	88.70
MFB NORTHERN FDS SMALL CAP INDEX FD (NSIDX)		12/22/08	02/11/08	1,506.60	0.00	1,506.60
MFB NORTHN MID CAP INDEX FD (NOMIX)		12/22/08	02/11/08	1,345.53	0.00	1,345.53
MFB NORTHN MULTI-MANAGER INTL EQTY FD (N MIEX)		12/22/08	02/11/08	1,370.21	0 00	1,370.21

Continued on next page.

Account Statement *July 1, 2008 - June 30, 2009* *Account Number* UNITED WAY IRC

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
MFB NORTHN MULTI-MANAGER MID CAP FD (NM MCX)		12/22/08	02/11/08	216.27	0.00	216.27
MFB NORTHN MULTI-MANAGER SMALLCAP FD (NM MSX)		12/22/08	02/11/08	0.04	0.00	0.04
Other						
#REORG/AMERICAN REV SPLIT TO AMERICAN I NTERNATIONL GRP 2053139 6/30/09 (AIG		06/18/09	02/11/08	28.36	0.00	28.36
FED HOME LN MTG CORP COM STK (FRE)		09/30/08	02/11/08	161.23	0.00	161.23
Total Long Term Capital Gains and Losses				431695.58	493425.86	($ 61,730.28)
Total Capital Gains and Losses						($ 69,440.69)

Account Statement

July 1, 2008 - June 30, 2009

Account Number
UNITED WAY IRC-LCC NTGDLC

YTD Realized Gain/Loss Details

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
Short Term Capital Gains and Losses						
Trade Activity						
#REORG/COVIDEN LTD PLAN OF REORG TO C OVIDEN PLC SEC # 2052566 EFF 6/4/09 (	170.00	04/02/09	10/01/08	$ 5,645.21	$ 8,886.58	($ 3,241.37)
AFLAC INC COM (AFL)	20.00	10/01/08	10/24/07	1,126.99	1,197.80	(70.81)
ARCELORMITTAL SA LUXEMBOURG N Y REGISTRY SHS (MT)	95.00	10/06/08	12/13/07	3,577.46	6,960.01	(3,382.55)
BANK NEW YORK MELLON CORP COM STK (BK)	335.00	10/01/08	01/23/08	11,234 36	-15,063.07	(3,828 71)
	25.00	10/01/08	08/11/08	838.39	936.10	(97.71)
BECTON DICKINSON & CO COM (BDX)	15.00	05/27/09	05/05/09	1,008.18	917.59	90 59
CATERPILLAR INC COM (CAT)	155 00	01/27/09	05/29/08	5,086.85	12,979.50	(7,892.65)
JPMORGAN CHASE & CO COM (JPM)	80 00	10/01/08	01/31/08	3,907.98	3,789.62	118.36
MICROCHIP TECHNOLOGY INC COM (MCHP)	25.00	05/27/09	05/05/09	545.50	574.19	(28.69)
MONSANTO CO NEW COM (MON)	70.00	10/06/08	05/29/08	5,278.68	8,712.90	(3,434.22)
RESEARCH IN MOTION LTD COM (RIMM)	70.00	01/14/09	05/02/08	3,168.74	9,099 85	(5,931.11)
SCHWAB CHARLES CORP COM NEW (SCHW)	65.00	10/01/08	09/04/08	1,543.74	1,542.63	1.11
US BANCORP (USB)	55.00	10/01/08	05/02/08	2,014.09	1,930.85	83.24
Total Short Term Capital Gains and Losses				44,976 17	72,590 69	($ 27,614.52)

Continued on next page.

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
Long Term Capital Gains and Losses						
Trade Activity						
ABBOTT LAB COM (ABT)	125.00	04/16/09	04/25/07	5,322.50	7,161.25	(1,838.75)
	5 00	04/16/09	04/25/07	212.90	286.45	(73.55)
ACCENTURE LTD BERMUDA CLS A COM (ACN)	5 00	04/16/09	01/22/07	136.89	183.70	(46.81)
	130 00	04/16/09	01/22/07	3,559.01	4,776.29	(1,217.28)
	80.00	04/16/09	03/12/07	2,190.16	2,902.40	(712.24)
AFLAC INC COM (AFL)	155 00	03/16/09	10/24/07	2,451.02	9,282.95	(6,831.93)
AMERICAN EXPRESS CO (AXP)	25.00	10/01/08	04/25/07	868.50	1,528 50	(660.00)
	115.00	10/06/08	07/23/02	3,314.57	2,956 38	358.19
	75.00	10/06/08	03/13/03	2,161.67	2,155.21	6.46
	50.00	10/06/08	04/22/03	1,441.12	1,654.75	(213.63)
	10.00	10/06/08	09/03/03	288.22	398 35	(110.13)
	75.00	10/06/08	04/25/07	2,161.68	4,585.50	(2,423.82)
APPLE INC (AAPL)	70 00	10/01/08	03/12/07	7,815 33	6,284 48	1,530.85
ARCELORMITTAL SA LUXEMBOURG N Y REGISTRY SHS (MT)	60.00	10/06/08	06/08/07	2,259.45	3,657.03	(1,397.58)
BECTON DICKINSON & CO COM (BDX)	195 00	05/27/09	04/25/07	13,106.40	15,607.80	(2,501.40)
CHEVRON CORP COM (CVX)	10.00	10/01/08	04/25/07	825 90	779.60	46 30

Continued on next page.

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
	20 00	04/16/09	04/22/03	1,313.27	653.90	659 37
	25.00	04/16/09	05/08/03	1,641.58	844.62	796.96
	30 00	04/16/09	04/25/07	1,969.90	2,338.80	(368 90)
	50.00	05/14/09	04/22/03	3,390.19	1,634.75	1,755.44
EXELON CORP COM (EXC)	110 00	01/14/09	01/22/07	5,673.53	6,606.91	(933 38)
EXXON MOBIL CORP COM (XOM)	70.00	11/13/08	09/16/03	4,968.15	2,639.00	2,329.15
	20.00	11/13/08	10/16/03	1,419 47	775 00	644.47
	20.00	05/14/09	08/13/03	1,392.37	736.20	656.17
	30.00	05/14/09	09/16/03	2,088 55	1,131.00	957.55
GOLDMAN SACHS GROUP INC COM (GS)	55 00	10/01/08	03/21/02	7,322.11	4,926.90	2,395.21
INTERNATIONAL BUSINESS MACHS CORP COM (IBM)	60.00	05/27/09	05/02/08	6,265.70	7,381.71	(1,116 01)
JACOBS ENGR GROUP INC COM (JEC)	20.00	10/01/08	07/13/07	1,003.39	1,293.27	(289.88)
JOHNSON & JOHNSON COM (JNJ)	85.00	03/20/09	03/27/96	4,373.70	1,996 97	2,376.73
	20.00	03/20/09	07/16/02	1,029.10	993 20	35 90
MC DONALDS CORP COM (MCD)	15.00	10/01/08	03/12/07	957.74	668 55	289.19
	105 00	10/17/08	03/12/07	5,695 26	4,679.85	1,015.41
	70.00	02/10/09	09/11/06	4,022.54	2,615 82	1,406.72
	20 00	02/10/09	03/12/07	1,149 30	891.40	257.90

Continued on next page.

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
MICROCHIP TECHNOLOGY INC COM (MCHP)	250.00	05/27/09	03/12/07	5,454 99	9,259.75	(3,804.76)
PEPSICO INC COM (PEP)	30 00	04/02/09	05/15/06	1,593.48	1,773.90	(180.42)
	75 00	04/02/09	01/22/07	3,983.71	4,871.25	(887.54)
PROCTER & GAMBLE CO COM (PG)	120.00	05/14/09	01/22/07	6,128.28	7,888 80	(1,760.52)
PRUDENTIAL FINL INC COM (PRU)	90 00	11/13/08	03/12/07	2,064.76	8,072.08	(6,007.32)
ROCKWELL COLLINS INC COM (COL)	125 00	03/16/09	06/08/07	3,893.38	8,590.35	(4,696.97)
SCHWAB CHARLES CORP COM NEW (SCHW)	365.00	05/27/09	05/15/08	6,315.07	8,204 73	(1,889.66)
WATERS CORP COM (WAT)	119.00	02/10/09	03/12/07	4,738.11	6,762 74	(2,024 63)
	31.00	02/11/09	03/12/07	1,209.00	1,761.72	(552 72)
WELLS FARGO & CO NEW COM STK (WFC)	30.00	10/01/08	01/22/07	1,133.69	1,073.70	59.99
Total Long Term Capital Gains and Losses				140,305.64	165,267.18	($ 24,961.87)
Total Capital Gains and Losses						($ 52,576.39)

UNITED WAY OF INDIAN RIVER COUNTY, INC.
E.I.N. 59-1087090
FYE: 6/30/2009

Attachment Form 990 – Page 2 – Part III

4(a) Program Services

United Way of Indian River County (UWIRC) is a locally governed and managed non-profit organization consisting of nine full time and one part time staff and run by an 18-member all volunteer Board of Directors. UWIRC is one of 1,400 locally run United Way affiliates in the country. Last year over 468 volunteers from the community helped further United Way's activities and goals.

UWIRC runs an annual campaign, coordinates a Community Investment Process, manages a Foundation, provides emergency and special project grants, coordinates volunteer run programs, and runs the United Way Center which houses our Community Room, Board Room and a non-profit incubation center. In addition, our staff sits on over 21 community committees.

4(b) Community Investment

Last year (FY08-09), UWIRC invested $1,967,571 in 501(c)(3) organizations. The vast majority ($1,812,535) was distributed to 42 programs from our 30 partner agencies. Of the $1.96 million, $67,957 was set aside by the United Way Board of Directors for Emergency, Crisis or Special Project grants to be distributed through the fiscal year as community needs arise. This year's Community Investment process added 7 new programs to United Way's community impact agenda:

Abilities Resource Center	Behavior Analysis	$42,500
Big Brothers Big Sisters	Jump Into Reading	$10,000
Children's Home Society	Transitional Living	$ 3,400
Children's Home Society	Heart Gallery	$ 2,000
Economic Opportunities Council	Fighting Obesity	$ 6,000
Treasure Coast Food Bank	Kids Café	$10,000
Redlands Christian Migrant Assn.	Volunteer Coordinator	$ 9,200

With the successful annual campaign, UWIRC was able to increase partner agency allocations by 5.75% from the previous year. This increase enabled the addition of the 7 programs listed above and an increase in funding to 47% of existing programs.

4(c) Reaching out to the Community

Not only does UWIRC partner with agencies that help people in this community, but UWIRC is committed to providing opportunity, resource and recovery for organizations & initiatives poised for growth. We do this through our:

- United Way Center Community Room (provided at no cost to local non-profit organizations)
- Non-profit Incubation Center
- 2-1-1 Partnership
- Hurricane Relief & Recovery
- United Way Foundation Capital Grants
- Support of Local Initiatives
- Mental Health Collaborative
- Indian River County VOAD

Other Highlights include:

Ensuring children 0-6 are ready to start school: Success By 6. In 1996 the United Way Board of Directors made a commitment to ensuring that all children in Indian River County are healthy, nurtured and ready to succeed in school and in life through its Success By 6 community investment initiative. As a result of this work, essential programs have been started and expanded: RCMA, Childcare Resources, the School Readiness Coalition, TLC Newborn, just to name a few. In 2006/2007 the United Way's Success By 6 committee rededicated itself to focus on creating more early learning opportunities through its Born Learning initiative.

Disaster Response and Readiness: In 2008, UWIRC with the Red Cross to call together 36 faith-based and social service agencies in the formation of Indian River County's first Voluntary Organizations Active in Disaster (VOAD). The organization seeks to prevent the duplication of effort through collaboration of available services (volunteer coordination, disaster supplies distribution, temporary housing, childcare, and pastoral care) in natural or manmade disaster such as fires, hurricanes, tornadoes, flash floods and most notably hurricanes and wildfires.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ▶ [ ]

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	UNITED WAY OF INDIAN RIVER COUNTY, INC.	59-1087090
	Number, street, and room or suite no If a P O box, see instructions. PO BOX 1960	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions VERO BEACH FL 32961-1960	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ MICHAEL KINT

Telephone No ▶ 772-567-8900 FAX No ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/10 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year or
▶ [X] tax year beginning 7/01/08 , and ending 6/30/09 .

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions