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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

2008Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF ST LUCIE COUNTY INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 4800 SOUTH US HWY 1 City or town, state or country, and ZIP + 4 FORT PIERCE, FL 34982	D Employer identification number 59-6212157
	E Telephone number 772-464-5300	G Gross receipts \$ 2,126,619.
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.UNITEDWAYSCLC.ORG	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1962
		M State of legal domicile FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED COMMUNITY FUNDRAISING		
	2 Check this box <input type="checkbox"/> 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)	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	24
	5	Total number of employees (Part V, line 2a)	7
	6	Total number of volunteers (estimate if necessary)	150
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,077,860.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,632.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,612.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,227,657.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,388,743.
	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)	328,477.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 253,419.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	261,444.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,978,664.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	223,376.
	20	Total assets (Part X, line 16)	3,467,365.
	21	Total liabilities (Part X, line 26)	1,187,063.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,280,302.

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	Karen Knapp	Date 1/15/10
	Type or print name and title	Karen Knapp CEO	
Paid Preparer's Use Only	Preparer's signature	Date 12/30/09	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	BERGER, TOOMBS, ELAM, GAINES & FRANK 600 CITRUS AVENUE, SUITE 200 FT. PIERCE, FL 34950	Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ (772) 461-6120

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

832001 12-18-08

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

Form 990 (2008)

SCANNED JAN 28 2010
SCANNED JAN 28 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

UNITED COMMUNITY FUNDRAISING

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 \$ 615,470. including grants of \$ 615,470.) (Revenue \$)
 ALLOCATIONS TO MEMBER AGENCIES - DISTRIBUTIONS OF CONTRIBUTIONS TO 34
 SEPARATE NON-PROFIT ORGANIZATIONS

4b (Code:) (Expenses \$ 25,745. including grants of \$) (Revenue \$)
 DIRECT ASSISTANCE - SCHOOL SUPPLIES FOR NEEDY CHILDREN

4c (Code:) (Expenses \$ 403,054. including grants of \$) (Revenue \$)
 COMMUNITY SERVICES/VOLUNTEER CENTER - PROVIDES INFORMATION ASSISTANCE &
 REFERRAL TO THE APPROPRIATE AGENCY, OF PEOPLE IN NEED OR COMMUNITY
 VOLUNTEERS

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,044,269. (Must equal Part IX, Line 25, column (B))

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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.? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X

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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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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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	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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	7	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		X
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		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?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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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	24
b Enter the number of voting members that are independent	1b	24
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? Describe the process in Schedule O. (see instructions)	15b	X
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 **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KAREN KNAPP - 772-464-5300**
4800 S US HWY 1, FORT PIERCE, FL 34982

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			
KAREN KNAPP CEO/PRESIDENT	40.00	X		X		X		78,529.	0.	12,718.
TERRI SLOAN-BARTZ BOARD CHAIR	1.00	X		X				0.	0.	0.
LINNES FINNEY VICE CHAIR	1.00	X		X				0.	0.	0.
JULIE BLAND SECRETARY	1.00	X		X				0.	0.	0.
GEORGE JOHNSON TREASURER	1.00	X		X				0.	0.	0.
ROGER THOMAS PAST CHAIRMAN	1.00	X						0.	0.	0.
PAT ALLEY DIRECTOR	1.00	X						0.	0.	0.
CARLO BERCY DIRECTOR	1.00	X						0.	0.	0.
DAVID BESSETTE DIRECTOR	1.00	X						0.	0.	0.
CHRISTIE BRIGGS-GOLDSON DIRECTOR	1.00	X						0.	0.	0.
MICHAEL BROWN JR DIRECTOR	1.00	X						0.	0.	0.
ROBERT BYSSHE DIRECTOR	1.00	X						0.	0.	0.
LINDA COX DIRECTOR	1.00	X						0.	0.	0.
THOMAS EPSKY DIRECTOR	1.00	X						0.	0.	0.
FREDRICK FISCHER DIRECTOR	1.00	X						0.	0.	0.
BRAD GUFFIN DIRECTOR	1.00	X						0.	0.	0.
SHARON KELLY-BROWN DIRECTOR	1.00	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			
GAIL KAVANAGH DIRECTOR	1.00	X						0.	0.	0.
MICHAEL LANNON DIRECTOR	1.00	X						0.	0.	0.
THOM PADRICK DIRECTOR	1.00	X						0.	0.	0.
CARA PERRY DIRECTOR	1.00	X						0.	0.	0.
MARGE RILEY DIRECTOR	1.00	X						0.	0.	0.
AL ROBERTS DIRECTOR	1.00	X						0.	0.	0.
CAROL WYATT DIRECTOR	1.00	X						0.	0.	0.
ROLAND YEE DIRECTOR	1.00	X						0.	0.	0.
1b Total								78,529.		12,718.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

- 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
- 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
- 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

	Yes	No
3		X
4		X
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

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1188934.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1188934.			
Program Service Revenue			Business Code				
	2 a						
	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)			51,149.			51,149.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)				<161,892.>	161,892.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	7,725.				
	b Less: direct expenses	b	2,159.				
	c Net income or (loss) from fundraising events			5,566.	5,566.		
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a 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			Business Code				
11 a OTHER INCOME			8,456.	8,456.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			8,456.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1092213.	<147,870.>		51,149.	

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	844,733.	844,733.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	37,145.	37,145.		
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	79,945.	27,838.	16,121.	35,986.
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	220,821.	76,892.	44,530.	99,399.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,902.	4,165.	2,381.	5,356.
9 Other employee benefits	38,837.	14,173.	7,044.	17,620.
10 Payroll taxes	23,687.	8,249.	4,775.	10,663.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,971.	1,097.	9,874.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	2,907.	291.	668.	1,948.
12 Advertising and promotion				
13 Office expenses	5,657.	1,980.	1,129.	2,548.
14 Information technology	2,363.	827.	471.	1,065.
15 Royalties				
16 Occupancy	29,766.	10,418.	5,938.	13,410.
17 Travel	6,304.	2,206.	316.	3,782.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	19,516.	1,366.	6,440.	11,710.
22 Depreciation, depletion, and amortization	5,896.	2,358.	1,769.	1,769.
23 Insurance	4,478.	1,034.	1,180.	2,264.
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 CAMPAIGN SUPPLIES	29,134.			29,134.
b TELEPHONE	8,873.	3,106.	1,770.	3,997.
c STAFF DEVELOPMENT	6,883.	1,583.	1,790.	3,510.
d TECHNOLOGY	6,441.	2,254.	1,285.	2,902.
e PRINTING	3,725.	633.	782.	2,310.
f All other expenses	9,464.	1,921.	3,497.	4,046.
25 Total functional expenses. Add lines 1 through 24f	1,409,448.	1,044,269.	111,760.	253,419.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	100.	1	44,231.
	2 Savings and temporary cash investments	912,852.	2	332,367.
	3 Pledges and grants receivable, net	850,258.	3	697,207.
	4 Accounts receivable, net	6,680.	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 70,413.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 55,554.		
		6,842.	10c	14,859.
	11 Investments - publicly traded securities	1,683,452.	11	1,386,743.
	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	7,181.	15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,467,365.	16	2,475,407.	
Liabilities	17 Accounts payable and accrued expenses	287,063.	17	176,266.
	18 Grants payable	900,000.	18	511,043.
	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		25	
	26 Total liabilities. Add lines 17 through 25	1,187,063.	26	687,309.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,430,044.	27	1,090,891.
	28 Temporarily restricted net assets	850,258.	28	697,207.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,280,302.	33	1,788,098.
	34 Total liabilities and net assets/fund balances	3,467,365.	34	2,475,407.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	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?	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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF ST LUCIE COUNTY INC

Employer identification number

59-6212157

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2008

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.")	1662119.	1648871.	1386218.	2077860.	1188934.	7964002.
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	1662119.	1648871.	1386218.	2077860.	1188934.	7964002.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						7964002.

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	1662119.	1648871.	1386218.	2077860.	1188934.	7964002.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	115,644.	136,483.	104,419.	78,632.	51,149.	486,327.
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						8450329.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	94.24	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	92.70	%
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 <input checked="" type="checkbox"/>			
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 <input type="checkbox"/>			
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 <input type="checkbox"/>			
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 <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

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	1,317,503.				
b Contributions					
c Investment earnings or losses	<225,847.>				
d Grants or scholarships	<40,814.>				
e Other expenditures for facilities and programs					
f Administrative expenses	<8,848.>				
g End of year balance	1,041,994.				

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

- a Board designated or quasi-endowment ► 100.00 %
 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:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .

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				
b Buildings				
c Leasehold improvements				
d Equipment		70,413.	55,554.	14,859.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				14,859.

Schedule D (Form 990) 2008

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	1,092,213.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,409,448.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<317,235.>
4	Net unrealized gains (losses) on investments	4	<174,969.>
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	<174,969.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<492,204.>

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	1,254,105.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,254,105.
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	
b	Other (Describe in Part XIV)	4b	<161,892.>
c	Add lines 4a and 4b	4c	<161,892.>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,092,213.

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

1	Total expenses and losses per audited financial statements	1	1,746,309.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	336,861.
e	Add lines 2a through 2d	2e	336,861.
3	Subtract line 2e from line 1	3	1,409,448.
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,409,448.

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 V, line 4: INVESTMENT OF ENDOWMENT IS USED FOR SPECIAL

ALLOCATIONS FOR MEMBER AGENCIES.

PART XII - LINE 4B - REALIZED LOSS ON SECURITIES

PART XIII - LINE 2D - LOSS ON SECURITIES

**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 ST LUCIE COUNTY INC

Part I General Information on Grants and Assistance

Employer identification number
59-6212157

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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
AMERICAN RED CROSS 540 NW UNIVERSITY DR #107 PORT ST LUCIE, FL 34986	59-0637807	501(C)(3)	25,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
ALZHEIMER COMMUNITY CARE 800 NORTHPOINT PARKWAY, SUITE 101-B WEST PALM BEACH, FL 33407	31-1481653	501(C)(3)	22,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
BOYS & GIRLS CLUB OF ST LUCIE COUNTY INC - 607 NORTH 7TH STREET - FORT PIERCE, FL 34950	65-0505369	501(C)(3)	40,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
BOY SCOUTS OF AMERICAN COUNCIL 85 GULFSTREAM - 8335 NORTH MILITARY TRAIL - PALM BEACH GARDENS, FL 33410	59-0624407	501(C)(3)	8,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
RESTORATION HOUSE PO BOX 2375 FORT PIERCE, FL 34954	65-0658024	501(C)(3)	50,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
THE CHILDRENS HOME SOCIETY OF FLORIDA - 1485 SEMORAN BLVD - WINTER PARK, FL 32792	59-0192430	501(C)(3)	15,500.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE

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

▶ **31.**

3 Enter total number of other organizations

▶ **0.**

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

Schedule I (Form 990) 2008

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
SCHOOL SUPPLIES - NEEDY CHILDREN	1000	0.	27,745.	COST	SUPPLIES
DIRECT ASSISTANCE TO NEEDY	150	11,400.	0.		FOR EMERGENCY EXPENSE

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

Schedule I, Part I, Line 1: YEARLY ALLOCATION COMMITTEE MEETS, STAFF

MONITORS REPORTS THROUGH OUT THE YEAR, AUDITS REQUIRED.

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 ST LUCIE COUNTY INC

Employer identification number

59-6212157

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
AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST INC - 4400 N CONGRESS AVE - WEST PALM BEACH, FL 33407	65-0087858	501(C)(3)	11,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
DANIEL M FOUNDATION INC 827 SUNRISE BLVD FORT PIERCE, FL 34950	65-0768636	501(C)(3)	48,750.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
LEARN TO READ ST LUCIE COUNTY INC 809 DELAWARE AVE FORT PIERCE, FL 34950	59-2364764	501(C)(3)	25,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
THE ARC OF ST LUCIE COUNTY INC PO BOX 1016 FORT PIERCE, FL 34954	59-1100961	501(C)(3)	27,000.	0.			HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
SAFESPACE INC PO BOX 4222 FORT PIERCE, FL 34948	59-1983994	501(C)(3)	25,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
DRUG ABUSE TREATMENT ASSOC INC 1016 CLEMONS STREET JUPITER, FL 33477	59-1363887	501(C)(3)	27,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
EARLY LEARNING COALITION OF ST LUCIE COUNTY INC - 804 SOUTH 6TH STREET - FORT PIERCE, FL 34950	59-3679509	501(C)(3)	12,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
EXCHANGE CLUB CASTLE PO BOX 12908 FORT PIERCE, FL 33880	59-2094472	501(C)(3)	50,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
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 ST LUCIE COUNTY INC

Employer identification number

59-6212157

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
DEAF & HARD OF HEARING SERVICES OF THE TREASURE COAST INC - PO BOX 3126 - WINTER HAVEN, FL 33880	65-0147688	501(C)(3)	9,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
PROJECT RESPONSE INC 745 S APOLLO BLVD MELBOURNE, FL 32901	59-3036563	501(C)(3)	45,500.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
ALPI PO BOX 3126 WINTER HAVEN, FL 33880	59-1634148	501(C)(3)	36,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
MUSTARD SEED MINISTRIES OF FORT PIERCE INC - 3130 SOUTH US HIGHWAY 1 - FORT PIERCE, FL 34982	65-0017366	501(C)(3)	59,000.	0.			HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
211 PALM BEACH/TREASURE COAST INC PO BOX 3588 LANTANA, FL 33465	23-7153017	501(C)(3)	55,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
PACE CENTER FOR GIRLS INC ONE WEST ADAMS STREET JACKSONVILLE, FL 32202	59-2414492	501(C)(3)	35,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
HIBISCUS CHILDRENS CENTER PO BOX 305 JENSEN BEACH, FL 34958	59-2632361	501(C)(3)	5,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
PROJECT ROCK SOUTH INC 862 SW GLENVIEW COURT PORT ST LUCIE, FL 34953	20-3076543	501(C)(3)	12,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE

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

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832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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(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 INC 715 4TH PLACE VERO BEACH, FL 32962	59-3129752	501(C)(3)	10,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
BIG BROTHERS BIG SISTERS OF ST LUCIE, INDIAN, & OKEECHOBEE COUNTY - 125 NORTH 2ND STREET - FORT PIERCE, FL 34950	59-2455513	501(C)(3)	75,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
COUNCIL ON AGING 2501 SW BAYSHORE BLVD - PORT ST LUCIE, FL 34984	59-1474012	501(C)(3)	48,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION PURPOSE
TREASURE COAST FOOD BANK 3051 INDUSTRIAL 25TH STREET - FORT PIERCE, FL 34946	65-0123281	501(C)(3)	50,000.	0.			HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION INCOME
SAVE OUR CHILDREN PO BOX 311 FORT PIERCE, FL 34954	65-0366437	501(C)(3)	18,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION INCOME
EPILEPSY FOUNDATION OF EASTERN FLORIDA INC - 3233 COMMERCE PLACE - WEST PALM BEACH, FL 33407	59-1524994	501(C)(3)	2,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION INCOME
MUSTARD SEED MINISTRIES OF FORT PIERCE INC - 3130 SOUTH US HIGHWAY 1 - FORT PIERCE, FL 34982	65-0017366	501(C)(3)	5,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION INCOME
HUNGER INITIATIVE 2520 ORANGE AVE FORT PIERCE, FL 34947	11-3697936	501(C)(3)	80,000.	0.			FINANCIAL ASSISTANCE TO HELP LOCAL NON PROFIT MEET EXEMPT FUNCTION INCOME

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

3 Enter total number of other organizations

Name of the organization

UNITED WAY OF ST LUCIE COUNTY INC

Employer identification number
59-6212157

[illegible]

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

3 Enter total number of other organizations

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

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Name of the organization

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59-6212157

FORM 990 - SECTION A RETURN REVIEW

FORM 990 REVIEW

A COPY OF FORM 990 IS SUPPLIED TO THE BOARD FOR REVIEW PRIOR TO FILING.

FORM 990 - SECTION B POLICIES

CONFLICT OF INTEREST

OFFICERS, DIRECTORS, AND BOARD MEMBERS ANNUALLY SIGN A CONFLICT OF INTEREST POLICY STATEMENT AND COPY OF KEPT IN FILES.

FORM 990 - SECTION B WHISTLEBLOWER

WHISTLEBLOWER POLICY

THERE IS A WHISTLEBLOWER POLICY AS PART OF THE EMPLOYEE HANDBOOK THAT IS SIGNED BY EACH EMPLOYEE.

FORM 990 - SECTION B COMPENSATION

EXECUTIVE COMPENSATION

THE BOARD OF DIRECTORS ANNUALLY REVIEWS COMPENSATION AND MAKES DECISIONS REGARDING THESE ISSUES.

FORM 990 - SECTION C STATEMENTS TO THE PUBLIC

STATEMENTS TO PUBLIC

GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.