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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10

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 $ 2,435,275

F Name and address of principal officer
MICHAEL 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 31 LOCAL HEALTH & HUMAN SERVICE AGENCIES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	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	12
6	Total number of volunteers (estimate if necessary)	6	450
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,238,866	2,257,529
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,766	93,248
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,173	13,045
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,271,805	2,363,822
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,904,679	1,744,101
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)	475,827	514,037
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 296,429		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	256,173	260,364
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,636,679	2,518,502
19	Revenue less expenses Subtract line 18 from line 12	-364,874	-154,680

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,224,936	6,191,814
21	Total liabilities (Part X, line 26)	79,750	50,042
22	Net assets or fund balances Subtract line 21 from line 20	6,145,186	6,141,772

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 11-25-11

MICHAEL KINT CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 01/19/11 — 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

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

DAA

Form **990** (2009)

G19

2

Part III Statement of Program Service Accomplishments

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 31 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 $ 1,744,101 including grants of $ 1,744,101) (Revenue $)
PROGRAM SERVICES & COMMUNITY INVESTMENT - SEE ATTACHED DESCRIPTION

4b (Code) (Expenses $ 300,751 including grants of $) (Revenue $)
REACHING OUT TO THE COMMUNITY - SEE ATTACHED DESCRIPTION

4c (Code) (Expenses $ including grants of $) (Revenue $)
N/A

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

4e Total program service expenses ▶ 2,044,852

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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional (Yes: , No: X)	12A		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 United States?	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 United States? 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 a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete Schedule K If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	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	1		
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	12		
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 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

[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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ILAIN ISAAC TREASURER	2.00	X		X				0	0	0
MIRIAM BURNS SECRETARY	2.00	X		X				0	0	0
TOM MANWARING CHAIRMAN ELECT	2.00	X		X				0	0	0
MICHAEL KMETZ CHAIRMAN	2.00	X		X				0	0	0
BILL PENNEY	1.00	X						0	0	0
FRED M. BLAICHER, JR.	1.00	X						0	0	0
SHARON BROOME	1.00	X						0	0	0
KEVIN BROWNING	1.00	X						0	0	0
ANTHONY DONADIO	1.00	X						0	0	0
SHERYL KOENES	1.00	X						0	0	0
CHRIS LOFTUS	1.00	X						0	0	0
CHAD MORRISON	1.00	X						0	0	0
LARRY REISMAN	1.00	X						0	0	0
GERRY THISTLE	1.00	X						0	0	0
TAMMY VOCK	1.00	X						0	0	0
WILL KIRK	1.00	X						0	0	0
KAREN MERRILL	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			
RANDY RILEY	1.00	X						0	0	0
MICHAEL W. KINT CEO	40.00			X				79,040	0	13,769
1b Total ▶								79,040		13,769

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

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		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		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 but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	55,266				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,202,263				
	g Noncash contributions included in lines 1a-1f $ 48,932						
	h Total. Add lines 1a–1f			2,257,529			
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)			108,607			108,607
	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)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	37,540					
	b Less cost or other basis & sales exps	52,899					
	c Gain or (loss)	-15,359					
	d Net gain or (loss)			-15,359			-15,359
	8a Gross income from fundraising events (not including $ 55,266 of contributions reported on line 1c) See Part IV, line 18	a	28,249				
	b Less direct expenses	b	18,554				
	c Net income or (loss) from fundraising events			9,695			9,695
	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 THANK YOU EVENT - TICKET SALE			1,750	1,750		
	b KICKOFF REVENUE - TICKET SALE			1,600	1,600		
	c						
	d All other revenue						
	e Total. Add lines 11a–11d			3,350			
	12 Total Revenue. See instructions			2,363,822	3,350	0	102,943

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	1,735,532	1,735,532		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	8,569	8,569		
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	318,121	130,277	53,513	134,331
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	83,861	32,845	20,935	30,081
10 Payroll taxes	33,015	12,105	7,716	13,194
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	12,000	5,324	3,400	3,276
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	12,351	9,645		2,706
13 Office expenses	40,771	8,982	4,451	27,338
14 Information technology				
15 Royalties				
16 Occupancy	20,142	8,943	5,700	5,499
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,501	1,503	958	1,040
20 Interest				
21 Payments to affiliates	28,313	13,024	5,663	9,626
22 Depreciation, depletion, and amortization	47,708	21,183	13,501	13,024
23 Insurance	15,708	5,792	4,965	4,951
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 COMPUTER / EQUIPMENT	11,752	5,172	1,471	5,109
b INVESTMENT FEES NT	9,581			9,581
c EVENTS / FUND RAISING EXP	9,456	4,198	2,676	2,582
d BANK & CREDIT CARD FEES	5,407	1,481	697	3,229
e THANK YOU EVENT EXPENSE	5,239	2,326	1,483	1,430
f All other expenses	38,435	14,089	5,355	18,991
25 Total functional expenses. Add lines 1 through 24f	2,518,502	2,044,852	177,221	296,429
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		169,934	1	205,439
	2	Savings and temporary cash investments		1,658,765	2	1,608,597
	3	Pledges and grants receivable, net		366,329	3	412,587
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		22,403	7	14,403
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		42,544	9	38,416
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,396,579			
	b	Less accumulated depreciation	10b 293,445	1,135,028	10c	1,103,134
	11	Investments—publicly traded securities		2,800,749	11	2,780,470
	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		29,184	15	28,768
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,224,936	16	6,191,814
Liabilities	17	Accounts payable and accrued expenses		21,351	17	29,405
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		58,399	25	20,637
	26	**Total liabilities.** Add lines 17 through 25		79,750	26	50,042
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		3,888,263	27	3,926,376
	28	Temporarily restricted net assets		2,256,923	28	2,215,396
	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		6,145,186	33	6,141,772
	34	Total liabilities and net assets/fund balances		6,224,936	34	6,191,814

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF INDIAN RIVER COUNTY, INC.	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 (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(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).**

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
11g(i) (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(ii) (ii) A family member of a person described in (i) above?		
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,162,422	2,400,183	2,418,556	2,255,015	2,257,529	11,493,705
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,162,422	2,400,183	2,418,556	2,255,015	2,257,529	11,493,705
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)						263,172
6 **Public support.** Subtract line 5 from line 4						11,230,533

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,162,422	2,400,183	2,418,556	2,255,015	2,257,529	11,493,705
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123,067	192,575	197,454	131,782	108,607	753,485
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	111,583	74,566	83,706	33,817	28,249	331,921
11 **Total support.** Add lines 7 through 10						12,579,111

12	Gross receipts from related activities, etc (see instructions)	12	337,372
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 2009 (line 6, column (f) divided by line 11, column (f))	14	89.28%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	92.29%
16a	**33 1/3 % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization	▶	☒
b	**33 1/3 % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization	▶	☐
17a	**10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	☐
b	**10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	☐
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

PART II, LINE 10 - OTHER INCOME DETAIL

FUNDRAISING EVENTS	$	331,921

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if 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	1,932,874	2,388,812			
b Contributions	6,632	12,950			
c Net investment earnings, gains, and losses	197,585	-376,711			
d Grants or scholarships	21,835	50,000			
e Other expenditures for facilities and programs	75,977	33,539			
f Administrative expenses	9,580	8,638			
g End of year balance	2,029,699	1,932,874			

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

	Yes	No
(i) unrelated organizations 3a(i)		X
(ii) related organizations 3a(ii)		X
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) Accumulated depreciation	(d) Book value
1a Land		160,000		160,000
b Buildings		1,044,467	141,452	903,015
c Leasehold improvements		11,865	2,478	9,387
d Equipment		180,247	149,515	30,732
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				1,103,134

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		
Closely-held equity interests		
Other		
Total. (Column (b) must 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) must 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) must equal Form 990, Part X, col (B) line 15) ▶	

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
UWIRC	13,820
ACCRUED PAYROLL	9,113
MENTAL HEALTH COLLABORATIVE	8,494
ACCRUED PAYROLL TAXES	1,540
AFLAC	194
PLATNIUM PLUS FOR BUSINESS	120
OTHER PAYABLES	-
PAYROLL LIABILITIES	-165
PAYROLL LIABILITIES	-12,479
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	20,637

2. FIN 48 Footnote 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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,363,822
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,518,502
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-154,680
4	Net unrealized gains (losses) on investments	4	151,265
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 through 8	9	151,265
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-3,415

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	2,519,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	151,265		
b	Donated services and use of facilities	2b	14,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-220		
e	Add lines 2a through 2d			2e	165,045
3	Subtract line 2e from line 1			3	2,354,241
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	9,581		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	9,581
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,363,822

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

1	Total expenses and losses per audited financial statements			1	2,522,701
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	14,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-220		
e	Add lines 2a through 2d			2e	13,780
3	Subtract line 2e from line 1			3	2,508,921
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	9,581		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	9,581
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,518,502

Part XIV Supplemental Information

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

PART XI, LINE 8 - RECONCILATION OF CHANGES - OTHER

RECLASSIFICATION $ -220

RECLASSIFICATION $ 220

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

RECLASSIFICATION $ -220

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER RECLASSIFICATION $ -220

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

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. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations
b ☐ Internet and 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

(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	61,466	22,049		83,515
	2 Less Charitable contributions	55,266			55,266
	3 Gross revenue (line 1 minus line 2)	6,200	22,049		28,249
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	16,793	1,761		18,554
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	18,554
	11 Net income summary Combine line 3, column (d), and line 10			▶	9,695

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

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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	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 of the third party				
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ $				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		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 United States

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

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	60,000				EMERGENCY SERVICES
AMERICAN RED CROSS 2506 17TH AVENUE VERO BEACH FL 32960	59-0637807	3	35,000				EMERGENCY SERVICES
ABILITIES RESOURCE CENTER 1375 16TH AVENUE VERO BEACH FL 32960	59-1626205	3	94,100				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	25,000				YOUTH DEVELOPMENT
BOYS AND GIRLS CLUB 2926 PIPER DR. VERO BEACH FL 32960	59-3623298	3	135,000				YOUTH DEVELOPMENT
CATHOLIC CHARITIES / SAMARITAN CENT 3650 41ST STREET VERO BEACH FL 32967	59-2470479	3	68,000				SAMARITAN CENTER
CHILD CARE RESOURCES 1801 24TH STREET VERO BEACH FL 32960	65-0523165	3	196,000				YOUTH DEVELOPMENT
CHILDREN'S HOME SOCIETY 415 AVENUE A, SUITE 100 FORT PIERCE FL 34950	59-0192430	3	63,000				FAMILY BUILDERS & CR

2 Enter total number of section 501(c)(3) and government organizations ▶ 36

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" to Form 990, Part IV, line 22. Use Part IV and 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	25	8,569			

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number 59-1087090

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
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	60,500				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	55,944				YOUTH DEVELOPMENT
EXCHANGE CLUB 1275 OLD DIXIE HWY VERO BEACH FL 32960	59-2094472	3	141,300				IN HOME PARENT EDUCA
GIFFORD YOUTH ACTIVITY CENTER 4875 43RD AVENUE VERO BEACH FL 32967	43-1950911	3	47,000				YOUTH DEVELOPMENT
GIRL SCOUTS 1224 W. INDIANTOWN RD. JUPITER FL 33458	59-0657327	3	8,000				YOUTH DEVELOPMENT
HIBISCUS CHILDREN CENTER 1145 12TH STREET VERO BEACH FL 32960	59-2632361	3	12,500				CRISIS NURSERY PROGR
HOMELESS FAMILY CENTER 715 4TH PLACE VERO BEACH FL 32962	59-3129752	3	33,500				HOMELESS ASSISTANCE
INDIAN RIVER COUNTY DENTAL PROGRAM 1900 27TH STREET VERO BEACH FL 32960		GOV	57,000				GOV'T AGENCY(COUNTY)

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number 59-1087090

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
INDIAN RIVER COUNTY HEALTHY START 1615 10TH AVENUE VERO BEACH FL 32960	65-0363222	3	50,000				TLC NEWBORN PROGRAM
LITERACY SERVICES OF I.R. COUNTY 1600 21 STREET VERO BEACH FL 32960	59-1987210	3	20,000				ADULT LITERACY
MENTAL HEALTH ASSOCIATION 820 37TH PLACE VERO BEACH FL 32960	59-1693337	3	87,500				WALK IN CLINIC
REDLANDS CHRISTIAN MIGRANT ASSOCIAT P.O. BOX 369 FELLSMERE FL 32948	59-1221966	3	37,703				SUBSIDIZED CHILD CAR
SAFE SPACE P.O. BOX 2822 VERO BEACH FL 32961	59-1983994	3	70,000				DOMESTIC VIOLENCE PR
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH FL 32960	59-1539957	3	131,835				SENIOR ASSISTANCE
TREASURE COAST FOOD BANK 3051 INDUSTRIAL 25TH STREET FORT PIERCE FL 34946	65-0123281	3	54,000				FOOD PROGRAM
TREASURE COAST HOMELESS SERVICES 2525 ST.LUCIE AVENUE VERO BEACH FL 32960	52-2254571	3	25,000				HOMELESS ASSISTANCE
YOUTH GUIDANCE 1028 20TH PLACE, SUITE B VERO BEACH FL 32960	65-0017325	3	60,000				YOUTH DEVELOPMENT
EDUCATION FOUNDATION OF I.R. P.O. BOX 7046 VERO BEACH FL 32961	59-3118402	3	6,500				SNEAKER EXCHANGE
ALZHEIMER &PARKINSON ASSOC OF I.R. 2300 5TH AVE, SUITE 150 VERO BEACH FL 32960	59-2437723	3	5,300				FUNDRAISING SOFTWARE

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

(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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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	48,932	SALE - NY STOCK EXCHANGE
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 noncash 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

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: UNITED WAY OF 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 11A - ORGANIZATION'S PROCESS 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

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 PUBLIX EMPLOYEES 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.

Forms **990 / 990-PF**

Other Notes and Loans Receivable

2009

For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10

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 ACCOUNTS 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)		1,070	1,070	
(2)		21,333	13,333	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Totals		22,403	14,403	

UNITED WAY OF INDIAN RIVER COUNTY, INC.
E.I.N. 59-1087090
FYE: 6/30/2010

Attachment Form 990 – Page 2 – Part III

4(a) Program Services & Community Investment

United Way of Indian River County (UWIRC) is a locally governed and managed non-profit organization consisting of eight full time and two 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 450 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 approximately 20 community committees.

Last year (FY09-10), UWIRC invested $1,744,101 in 501(c)(3) organizations. The vast majority ($1,648,800) was distributed to 42 programs from our 31 partner agencies. This year's Community Investment process added 1 new program to United Way's community impact agenda:

Healthy Start Coalition	Partners in Pregnancy & Parenting	$10,000

4(b) 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
- Disaster Relief & Recovery
- United Way Foundation Capital Grants
- Support of Local Initiatives such as the Mental Health Collaborative
- Indian River County VOAD

Other Highlights include:

Disaster Response and Readiness: In 2009, UWIRC partnered 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.

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	373	103
146	Shleving	10/11/05	514				514	15	MQ	S/L	124	35
151	Sign for recognition wall	10/25/07	1,747				1,747	15	HY	150DB	253	150
			3,804				3,804				750	288
Other Depreciation:												
1	PC - DELL 8250	3/31/03	1,818				1,818	5	MO	S/L	1,818	0
	Sold/Scrapped 5/01/10											
5	HP PRINTER	12/12/02	380				380	5	MO	S/L	380	0
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
	Sold/Scrapped 5/01/10											
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
57	VOICE MAIL FOR PHONE	6/12/02	350				350	5	MO	S/L	350	0
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
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	926	122
	Sold/Scrapped 5/01/10											
70	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	926	122
	Sold/Scrapped 5/01/10											
71	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	926	122
	Sold/Scrapped 5/01/10											
72	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	926	122
73	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	926	122
74	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	926	122
75	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	926	122
76	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	926	122
77	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	926	122
78	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	926	122
79	HP LaserJet Printer	2/01/05	417				417	5	MO	S/L	368	49
103	Star Technology/Community Room	2/01/05	33,300				33,300	5	MO	S/L	29,415	3,885
108	Loback Leather Exec Chair/Guest Chair	2/01/05	178				178	7	MO	S/L	112	26
109	Online Micro Projector (w/Keyboard & Mo	2/01/05	1,263				1,263	5	MO	S/L	1,116	147
110	Dell Poweredge 2600 Server	2/01/05	5,108				5,108	5	MO	S/L	4,512	596
111	Dell Inspirior 9100	2/01/05	2,026				2,026	5	MO	S/L	1,790	236
112	Office Products Office Furniture	2/01/05	11,698				11,698	7	MO	S/L	7,381	1,671
113	Office Products Office Furniture	2/01/05	28,552				28,552	7	MO	S/L	18,015	4,079
114	Folding Machine	2/01/05	1,179				1,179	5	MO	S/L	1,041	138
115	H 4350 Printer & Envelope Feeder	2/01/05	2,359				2,359	5	MO	S/L	2,084	275
116	(6) Laserjet 1300 Printers	2/01/05	1,756				1,756	5	MO	S/L	1,551	205
117	(2) Laserjet 1300 Printers	2/01/05	585				585	5	MO	S/L	517	68
118	Appliances	2/01/05	2,117				2,117	7	MO	S/L	1,336	302
119	Appliances	2/01/05	667				667	7	MO	S/L	421	95
120	Dell Flat Panel Screen	2/01/05	320				320	5	MO	S/L	283	37
121	Dell 24 port Power Connect	2/01/05	164				164	5	MO	S/L	145	19
122	Vetrol Systems Set Up Server & Backup	2/01/05	1,128				1,128	5	MO	S/L	996	132
123	Indian River Telephone	2/01/05	7,890				7,890	5	MO	S/L	6,970	920
124	Staples Copier/Printer/Fax	2/01/05	700				700	5	MO	S/L	618	82
125	JC Penney Blinds	2/01/05	854				854	7	MO	S/L	539	122
126	JC Penney Blinds	2/01/05	854				854	7	MO	S/L	539	122
128	1836 14th Avenue Building	2/01/05	1,043,715				1,043,715	40	MO	S/L	115,243	26,093
132	Dell Computer	9/20/05	1,372				1,372	5	MO	S/L	1,303	69
133	110 Stack Chairs	2/01/05	7,094				7,094	7	MO	S/L	4,476	1,013
134	2 Chair Dollies	2/01/05	278				278	7	MO	S/L	176	39
135	2 - 8' Table Trucks	2/01/05	432				432	7	MO	S/L	272	62
136	24 Seminar Folding Tables	2/01/05	3,706				3,706	7	MO	S/L	2,338	530
138	Dell 3100 Computer	4/18/06	1,110				1,110	5	MO	S/L	721	222
139	Blinds - Upper Windows 2nd Floor	6/30/06	827				827	7	MO	S/L	384	118
141	Digital Camera Accessories	6/28/06	1,380				1,380	7	MO	S/L	641	197
142	Digital Camera	6/30/06	2,200				2,200	7	MO	S/L	1,021	315
143	Hex Table & 5' Carson Bench	6/30/06	1,176				1,176	7	MO	S/L	546	168
144	Hex Table & 5' Carson Bench	6/30/06	392				392	7	MO	S/L	182	56
147	(2) Dampers & Programmable Thermostat	7/11/06	351				351	7	MO	S/L	150	51

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
148	(3) Air Flow Dampers	7/20/06	324				324	7	MO	S/L	135	46
149	Adobe Creative Suite	7/01/06	587				587	3	MO	Amort	587	0
150	Sign for parking lot	7/24/06	734				734	7	MO	S/L	306	104
152	Dell Computer -M Kint	5/13/09	913				913	5	MO	S/L	30	183
153	Signs for NIC	6/05/09	752				752	7	MO	S/L	9	107
154	Website-Design Considerations	9/30/08	2,205			X	1,102	3	MO	Amort	1,409	367
155	2 Hard Drives for Server	8/08/08	560				560	5	MO	S/L	103	112
156	Tape Backup for Servcer	8/08/08	1,302				1,302	5	MO	S/L	239	260
157	Dell Computer	11/11/08	1,681				1,681	5	MO	S/L	224	336
158	Opti Plex 360 Minitower	1/09/09	847				847	5	MO	S/L	85	169
159	OptiPlex 760	6/10/09	928				928	5	MO	S/L	15	186
160	OptiPlex 760	6/11/09	896				896	5	MO	S/L	15	179
161	OptiPlex 760	6/11/09	896				896	5	MO	S/L	15	179
162	Waterproofing Bottom of Building	10/27/08	1,500				1,500	7	MO	S/L	143	214
163	Adobe Dreamweaver Software	3/22/10	399				399	3	MO	Amort	0	222
164	Upgrade HD Dell Server	9/15/09	520				520	5	MO	S/L	0	87
165	1 GB RAM Dell PowerEdge	9/21/09	192				192	5	MO	S/L	0	29
166	Ham Radio Equipment	9/21/09	761				761	5	MO	S/L	0	114
167	2 Hard Drives Upgrade Server	9/21/09	926				926	5	MO	S/L	0	139
168	Front Lobby Chairs	9/21/09	507				507	7	MO	S/L	0	54
169	Dell Latitude/Docking Station for Commun	1/21/10	1,249				1,249	5	MO	S/L	0	104
170	UWC "Honor Wall"	2/03/10	1,970				1,970	7	MO	S/L	0	117
171	Dell Computer-CBrunetti	2/16/10	1,135				1,135	5	MO	S/L	0	76
172	Dell Computer-SSeymour	2/16/10	1,135				1,135	5	MO	S/L	0	76
173	Dell Computer-MMalyn	2/16/10	1,135				1,135	5	MO	S/L	0	76
174	Emergency Lighting	8/25/09	5,886				5,886	7	MO	S/L	0	701
	Total Other Depreciation		1,399,674				1,398,571				251,883	47,596
	Total ACRS and Other Depreciation		1,399,674				1,398,571				251,883	47,596
	Grand Totals		1,403,478				1,402,375				252,633	47,884
	Less: Dispositions and Transfers		6,896				6,896				6,530	366
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,396,582				1,395,479				246,103	47,518

2012 UNITED WAY OF INDIAN RIVER COUNTY, 01/19/2011 8:52 AM
59-1087090
FYE: 6/30/2010

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	0	1,103	1,102
		Form 990, Page 1	2,205		0	0	1,103	1,102
		Grand Total	2,205		0	0	1,103	1,102

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST INCOME	$ 48,206		14		
INTEREST NT	61,360		14		
ACCRUED INTEREST INCOME	-1,137		14		
FOUNDATION REVENUE	178		14		
TOTAL	$ 108,607				

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEMBERSHIP DUES & SUBSCRI	$ 4,765	$ 2,179	$ 1,091	$ 1,495
AGENCY AWARDS	4,756	4,756		
COMMUNITY LEADERS BREAKFA	4,214	1,871	1,193	1,150
EMPLOYEE BUSINESS REIMB	4,012	894	338	2,780
POSTAGE - FOUNDATION	3,367			3,367
REPAIRS - BLDG/GROUNDS	3,239	1,425	406	1,408
STRATEGIES NEWSLETTER	3,010			3,010
KICK OFF CAMPAIGN EXPENSE	2,959	1,314	837	808
PRINTING & PUBLICATIONS	1,527			1,527
EMPLOYEE BUSINESS EXP	1,288			1,288
EMPLOYEE APPRECIATION EXP	1,139	446	284	409
BOARD LUNCH	1,126	500	319	307
PAYROLL FEES	932	413	264	255
MISCELLANEOUS	898	254	378	266
EVENTS & MEETINGS	640			640
UNRECONCILED NT CASH BALA	221		221	
DUES AND MEMBERSHIPS	220			220
50TH ANNIVERSARY CELEBRAT	84	37	24	23
SUPPLIES / FOUNDATION	38			38
TOTAL	$ 38,435	$ 14,089	$ 5,355	$ 18,991

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 FUNDS MULTI MANAGER HI GH YIELD OPPORTUNITYFUND (NMHYX)	4,305.09	02/24/10	12/29/09	$ 43,955.00	$ 43,998.00	($ 43.00)
MFB NORTHN FDS MULTI-MANAGER EMERGING M KTS EQTY FD (NMMEX)	988.14	12/29/09	05/06/09	19,980.20	14,999.96	4,980.24
	205.43	12/29/09	12/21/09	4,153.80	4,057.29	96.51
	2,013.72	02/24/10	05/06/09	38,885.00	30,568.27	8,316.73
	3,207.29			**$ 63,019.00**	**$ 49,625.52**	**$ 13,393.48**
MFB NORTHN FDS MULTI-MANAGER GLOBAL REA LESTATE FD (NMMGX)	376.58	12/29/09	07/20/09	6,239.93	5,151.60	1,088.33
	262.48	12/29/09	08/21/09	4,349.30	4,050.00	299.30
	6.23	12/29/09	12/21/09	103.23	101.21	2.02
	47.83	12/29/09	12/21/09	792.54	777 27	15.27
	693.12			**$ 11,485.00**	**$ 10,080.08**	**$ 1,404.92**
MFB NORTHN HI YIELD FXD INC FD(NHFIX)	3,629.20	12/29/09	05/06/09	25,222.95	22,682.50	2,540.45
	6,262.95	02/24/10	05/06/09	43,277.00	39,143.44	4,133.56
	9,892.15			**$ 68,499.95**	**$ 61,825.94**	**$ 6,674.01**
MFB NORTHN SHORT INTERMEDIATE US GOVT (N SIUX)	1,337.92	12/29/09	07/20/09	13,794.00	14,101.68	(307.68)
MFC SPDR GOLD TR GOLD SHS (GLD)	20.00	12/29/09	05/06/09	2,151.74	1,790.27	361.47
MFO PIMCO FDS PAC INVT MGMT SER COMMOD ITY REALRETURN STRATEGY FD INSTL (P	3,412.81	02/25/10	12/29/09	27,166.00	29,077.14	(1,911.14)
MFO VANGUARD FXD INC SECS FD INC INFLAT ION-PROTECTED SECS FD #119 (VIPSX)	4,636.82	08/21/09	12/18/08	56,986.57	54,900.00	2,086.57

Continued on next page.

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
Total Short Term Capital Gains and Losses						**$ 21,658.63**
Long Term Capital Gains and Losses						
Trade Activity						
BELLSOUTH CAP FDG CORP 7.75 DUE 02-15-2010 BEO	25,000.00	02/16/10	05/09/00	25,000.00	24,494.75	505.25
FFCB BD 2.875 02-14-2011 (FFCB1)	25,000.00	12/29/09	02/11/08	25,489.00	25,096.50	392.50
MFB NORTHERN FDS GLOBAL REAL ESTATE IND EX FD (NGREX)	1,281.61	08/21/09	03/12/07	8,433.00	16,353.33	(7,920.33)
	927.68	12/29/09	03/12/07	6,623.62	11,837.18	(5,213.56)
	636.61	12/29/09	10/24/07	4,545.38	7,690.24	(3,144 86)
	2,845.90			**$ 19,602.00**	**$ 35,880.75**	**($ 16,278.75)**
MFB NORTHN HI YIELD FXD INC FD(NHFIX)	6,626.69	07/20/09	05/29/08	42,212.00	49,236.27	(7,024.27)
	76.41	12/29/09	05/29/08	531.05	567.73	(36.68)
	6,703.10			**$ 42,743.05**	**$ 49,804.00**	**($ 7,060.95)**
MFB NORTHN INTL EQTY INDEX FD (NOINX)	823.50	02/24/10	04/05/05	7,815.00	8,078.53	(263.53)
MFB NORTHN MID CAP INDEX FD (NOMIX)	532.16	12/29/09	04/21/05	5,161.94	5,145.99	15.95
	0.32	12/29/09	12/20/05	3.11	3.49	(0.38)
	6 63	12/29/09	12/20/05	64.31	73.28	(8.97)
	286.00	12/29/09	05/15/06	2,774.20	3,386.23	(612.03)
	47.23	12/29/09	12/19/06	458.13	556.84	(98.71)
	33.36	12/29/09	12/19/06	323.59	393.30	(69.71)
	1,703.52	12/29/09	10/24/07	16,524.11	22,248.01	(5,723.90)
	18.32	12/29/09	12/19/07	177.70	215.40	(37.70)
	211.95	12/29/09	12/19/07	2,055.91	2,492.49	(436.58)

Continued on next page.

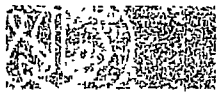
YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
	2,839.49			**$ 27,543.00**	**$ 34,515.03**	**($ 6,972.03)**
MFB NORTHN MULTI-MANAGER INTL EQTY FD (N MIEX)	1,202.16	02/24/10	10/24/07	10,350.55	15,543.91	(5,193.36)
	88.67	02/24/10	12/19/07	763.45	1,038.33	(274.88)
	1,290.83			**$ 11,114.00**	**$ 16,582.24**	**($ 5,468.24)**
MFB NORTHN MULTI-MANAGER MID CAP FD (NM MCX)	2,526.81	12/29/09	03/12/07	24,004.72	28,098.15	(4,093.43)
	500.66	12/29/09	10/24/07	4,756.28	6,048.00	(1,291.72)
	3,027.47			**$ 28,761.00**	**$ 34,146.15**	**($ 5,385.15)**
MFO CREDIT SUISSE COMMODITY-RETURN PLUS STRATEGYFD COM CL (CRSOX)	2,238.81	12/29/09	10/24/07	20,507.48	26,171.68	(5,664.20)
WAL-MART STORES INC NT 6.875% DUE 08-10-2009 BEO	20,000.00	08/10/09	08/18/99	20,000.00	20,077.80	(77.80)
Capital Gains Distribution						
MFB NORTHN FDS MULTI-MANAGER GLOBAL REA LESTATE FD (NMMGX)		12/22/09	08/18/99	101.21	0.00	101.21
MFB NORTHN MID CAP INDEX FD (NOMIX)		12/22/09	08/18/99	0.20	0.00	0.20
MFB NORTHN SHORT INTERMEDIATE US GOVT (N SIUX)		12/22/09	08/18/99	26.83	0.00	26.83
MFO PIMCO FDS PAC INVT MGMT SER COMMOD ITY REALRETURN STRATEGY FD INSTL (P		12/09/09	08/18/99	1,191.60	0.00	1,191.60

Continued on next page.

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
Other						
#REORG/TYCO INTL LTD REV SPLITTO TYCO IN TL LTD 2033035 EFF 6/29/07 (TYC)		08/12/09	08/18/99	817.70	0.00	817.70
ENRON CORP COM (ENRNQ)		06/22/10	08/18/99	183.43	0.00	183.43
		06/22/10	08/18/99	307.69	0.00	307.69
				$ 491.12	**$ 0.00**	**$ 491.12**
FED HOME LN MTG CORP COM STK (FRE)		04/02/10	08/18/99	20.84	0.00	20.84
U.S CL ACTIONS (DELISTED/VAR CUSIPS)		02/26/10	08/18/99	5.00	0.00	5.00
Total Long Term Capital Gains and Losses						**($ 43,618.40)**
Total Capital Gains and Losses						**($ 21,959.77)**



Account Statement

July 1, 2009 - June 30, 2010

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/FPL GROUP INC NAME CHANGE NEX TERAENERGY INC COM 2060493 06/03/2010 (	5 00	03/30/10	05/05/09	$ 239.06	$ 287 32	($ 48 26)
ABB LTD SPONSORED ADR (ABB)	130 00	01/08/10	10/22/09	2,650.63	2,770 93	(120.30)
	215 00	05/05/10	10/22/09	3.921.16	4,582 68	(661 52)
	345 00			**$ 6,571 79**	**$ 7,353.61**	**($ 781.82)**
ACCENTURE PLC SHS CL A NEW (ACN)	205 00	09/02/09	10/01/08	6,859 32	7,565 83	(706 51)
	20 00	09/02/09	05/05/09	669.20	608 20	61.00
	225 00			**$ 7,528.52**	**$ 8,174.03**	**($ 645 51)**
AIR PROD & CHEM INC COM (APD)	15 00	02/22/10	05/05/09	1,046 29	979 35	66 94
ALTERA CORP COM (ALTR)	110 00	01/08/10	03/20/09	2,491 44	1,924 55	566 89
AMAZON COM INC COM (AMZN)	5 00	12/08/09	05/05/09	672.01	405 55	266 46
	46 00	12/08/09	05/27/09	6,182 45	3,616 24	2,566 21
	4 00	01/08/10	04/16/09	525 83	304 83	221 00
	29 00	01/08/10	05/27/09	3,812 24	2,279 81	1,532 43
	84 00			**$ 11,192 53**	**$ 6,606.43**	**$ 4,586.10**
BAXTER INTL INC COM (BAX)	15 00	12/08/09	05/05/09	829 07	742.83	86.24
BHP BILLITON LTD SPONSORED ADR(BHP)	45 00	01/08/10	05/14/09	3,626 01	2,241 74	1,384.27
CUMMINS INC (CMI)	110 00	01/08/10	09/02/09	5,791 35	4,949 44	841 91
CVS CAREMARK CORP COM STK (CVS)	70 00	01/08/10	08/13/09	2,384 14	2,439 58	(55 44)
	125 00	06/11/10	08/13/09	3,937 24	4,356 40	(419.16)

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YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
	195 00			**$ 6,321.38**	**$ 6,795 98**	**($ 474 60)**
DARDEN RESTAURANTS INC COM (DRI)	200 00	11/09/09	02/10/09	6,551 09	5,562 18	988 91
	10 00	11/09/09	05/05/09	327.55	390 85	(63 30)
	210 00			**$ 6,878.64**	**$ 5,953.03**	**$ 925.61**
EXELON CORP COM (EXC)	65 00	09/02/09	10/06/08	3,185 41	3,683 50	(498 09)
	5 00	09/02/09	05/05/09	245.03	236 93	8.10
	70 00			**$ 3,430.44**	**$ 3,920.43**	**($ 489.99)**
FEDEX CORP COM (FDX)	30 00	01/08/10	12/08/09	2,492 04	2,698 65	(206.61)
FIRST SOLAR INC COM (FSLR)	5 00	09/02/09	05/05/09	586.40	955.95	(369 55)
GOLDMAN SACHS GROUP INC COM (GS)	33 00	01/08/10	04/02/09	5,800 92	3,765 03	2,035 89
	10 00	01/08/10	05/05/09	1,757 86	1,356.30	401.56
	18 00	02/04/10	03/16/09	2,739 34	1,761 18	978 16
	12 00	02/04/10	04/02/09	1,826 22	1,369 10	457.12
	14 00	03/05/10	03/16/09	2,329 27	1,369 81	959 46
	87.00			**$ 14,453.61**	**$ 9,621.42**	**$ 4,832.19**
GOOGLE INC CL A CL A (GOOG)	10 00	01/08/10	05/27/09	6,018 75	4,087 64	1,931 11
ITT CORP INC COM (ITT)	20 00	01/12/10	05/05/09	997 73	853 87	143 86
JACOBS ENGR GROUP INC COM (JEC)	20 00	12/08/09	05/05/09	680 09	821.09	(141.00)
JOHNSON CTL INC COM (JCI)	155 00	01/08/10	09/10/09	4,459 24	4,126 69	332.55
KOHLS CORP COM (KSS)	35 00	01/08/10	01/27/09	1,851 45	1,315 03	536.42
	15 00	01/08/10	05/05/09	793 48	671 82	121 66
	95 00	01/12/10	01/27/09	4,888 33	3,569 36	1,318 97

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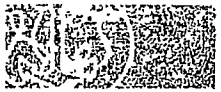

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
	145 00			**$ 7,533.26**	**$ 5,556.21**	**$ 1,977 05**
MC DONALDS CORP COM (MCD)	25 00	09/10/09	05/05/09	1,373.81	1,335 70	38 11
MCKESSON CORP (MCK)	70 00	01/08/10	12/08/09	4,258.69	4,279 90	(21.21)
MOSAIC CO COM (MOS)	55 00	01/08/10	05/27/09	3,659 06	3,099 47	559 59
	80 00	04/26/10	05/27/09	4,234 84	4,508 33	(273 49)
	70 00	04/26/10	02/22/10	3,705 49	4,263 72	(558 23)
	205 00			**$ 11,599.39**	**$ 11,871.52**	**($ 272 13)**
NIKE INC CL B (NKE)	40 00	01/08/10	12/08/09	2,606 73	2,552 79	53 94
NOBLE ENERGY INC COM (NBL)	40 00	01/08/10	04/16/09	2,962.32	2,371 00	591 32
QUALCOMM INC COM (QCOM)	80 00	01/08/10	09/02/09	3,971 10	3,642 26	328 84
	135 00	04/26/10	09/02/09	5,155 72	6,146 32	(990 60)
	215 00			**$ 9,126.82**	**$ 9,788.58**	**($ 661.76)**
SIGMA-ALDRICH CORP COM (SIAL)	4 00	03/23/10	05/05/09	215.79	180 14	35 65
	11 00	03/24/10	05/05/09	590 88	495 38	95.50
	15 00			**$ 806.67**	**$ 675.52**	**$ 131.15**
TEVA PHARMACEUTICAL INDS (TEVA)	85 00	01/08/10	02/10/09	4,960.47	3,622.46	1,338.01
	30 00	01/08/10	05/05/09	1,750.76	1,316 10	434 66
	115 00			**$ 6,711.23**	**$ 4,938.56**	**$ 1,772.67**
TRANSOCEAN LTD (RIG)	5 00	05/03/10	05/05/09	349 99	360 60	(10 61)
TRAVELERS COS INC COM STK (TRV)	80 00	01/08/10	11/09/09	3,844 70	4,280 15	(435.45)
UNITEDHEALTH GROUP INC COM (UNH)	130 00	01/08/10	12/15/09	4,236 59	4,058 97	177 62

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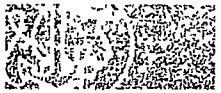

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
Total Short Term Capital Gains and Losses						**$ 15,881.03**
Long Term Capital Gains and Losses						
Trade Activity						
#REORG/FPL GROUP INC NAME CHANGE NEX TERAENERGY INC COM 2060493 06/03/2010 (	55 00	01/08/10	07/29/08	2,907.78	3,510.60	(602.82)
	120 00	03/30/10	07/29/08	5 737 38	7,659 49	(1,922 11)
	175 00			**$ 8,645.16**	**$ 11,170 09**	**($ 2,524 93)**
ABBOTT LAB COM (ABT)	85 00	01/08/10	04/25/07	4,670 63	4,869 65	(199 02)
	30 00	06/02/10	04/25/07	1,403 47	1,718 70	(315 23)
	20 00	06/02/10	04/04/08	935 65	1,096 82	(161 17)
	135 00			**$ 7,009.75**	**$ 7,685.17**	**($ 675.42)**
ACCENTURE PLC SHS CL A NEW (ACN)	70 00	09/02/09	03/12/07	2,342.20	2,539 60	(197 40)
ADOBE SYS INC COM (ADBE)	5 00	01/08/10	01/22/07	183 60	189 65	(6 05)
	135 00	01/08/10	01/08/08	4,957 06	5,372 43	(415 37)
	15 00	01/08/10	07/29/08	550 79	617 25	(66 46)
	80 00	06/11/10	01/22/07	2,514 88	3,034 40	(519 52)
	235.00			**$ 8,206.33**	**$ 9,213.73**	**($ 1,007.40)**
AIR PROD & CHEM INC COM (APD)	65 00	01/08/10	12/13/07	5,337.01	6,663 73	(1,326 72)
	95 00	02/22/10	08/31/07	6,626.48	8,517 04	(1,890 56)
	5 00	02/22/10	12/13/07	348 76	512.59	(163 83)
	165 00			**$ 12,312.25**	**$ 15,693.36**	**($ 3,381.11)**
APPLE INC (AAPL)	38 00	01/08/10	03/12/07	8,036 41	3,411 57	4,624.84

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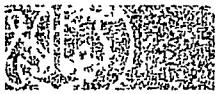

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
BAXTER INTL INC COM (BAX)	225 00	12/08/09	03/12/07	12,436 04	11,301 75	1,134.29
BHP BILLITON LTD SPONSORED ADR(BHP)	35 00	06/02/10	05/14/09	2,230 89	1,743 57	487 32
CHEVRON CORP COM (CVX)	80 00	01/08/10	11/13/08	6,330 24	5,574 65	755 59
CISCO SYSTEMS INC (CSCO)	150 00	01/08/10	03/27/01	3,652 48	2,737 50	914.98
	40 00	01/08/10	05/08/03	973 99	621 20	352 79
	75 00	01/08/10	09/16/03	1,826 24	1,572.00	254.24
	100 00	01/08/10	03/12/07	2,434 99	2,603 00	(168 01)
	365 00			**$ 8,887.70**	**$ 7,533.70**	**$ 1,354.00**
COSTCO WHOLESALE CORP NEW COM (COST)	60 00	01/08/10	01/23/08	3,553 71	4,005.12	(451 41)
COVIDIEN PLC USD0 20 (COV)	55 00	01/08/10	10/01/08	2,690 53	2,875 07	(184.54)
DANAHER CORP COM (DHR)	80 00	01/08/10	10/17/08	6,118 24	4,590 82	1,527 42
EMERSON ELECTRIC CO COM (EMR)	85 00	01/08/10	04/25/07	3,729.70	3,857.30	(127 60)
	10 00	01/08/10	08/11/08	438 79	494 10	(55.31)
	95 00			**$ 4,168.49**	**$ 4,351.40**	**($ 182 91)**
EXELON CORP COM (EXC)	40 00	09/02/09	01/22/07	1,960.25	2,402 51	(442 26)
	50 00	09/02/09	07/29/08	2,450 31	3,989 00	(1,538 69)
	90 00			**$ 4,410 56**	**$ 6,391.51**	**($ 1,980.95)**
EXXON MOBIL CORP COM (XOM)	65 00	01/08/10	06/08/95	4,516.09	1,159 44	3,356 65
	25 00	01/08/10	03/13/03	1,736 95	863.50	873 45
	5 00	01/08/10	08/13/03	347.39	184.05	163 34
	25 00	01/08/10	11/04/03	1,736 96	915.00	821.96
	120 00			**$ 8,337.39**	**$ 3,121.99**	**$ 5,215.40**

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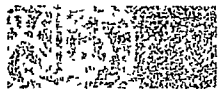

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
FIRST SOLAR INC COM (FSLR)	30 00	09/02/09	05/29/08	3,518 43	7,693.22	(4,174 79)
GENERAL ELECTRIC CO (GE)	80 00	01/08/10	02/12/01	1,323 17	3,760 80	(2,437 63)
	50 00	01/08/10	03/27/01	826 98	2,085 00	(1,258.02)
	45 00	01/08/10	01/13/05	744 28	1,597 05	(852.77)
	175 00			**$ 2,894 43**	**$ 7,442.85**	**($ 4,548.42)**
GOLDMAN SACHS GROUP INC COM (GS)	33 00	05/03/10	03/16/09	4,908 96	3,228.84	1,680 12
HEWLETT PACKARD CO COM (HPQ)	130 00	01/08/10	03/12/07	6,807 92	5,240 30	1,567 62
	75 00	05/07/10	03/12/07	3,536 63	3,023 25	513 38
	205 00			**$ 10,344.55**	**$ 8,263.55**	**$ 2,081.00**
INTERNATIONAL BUSINESS MACHS CORP COM (IBM)	60 00	01/08/10	08/11/08	7,799 20	7,669 28	129 92
	24 00	03/05/10	06/13/08	3,053 57	3,024 04	29.53
	84 00			**$ 10,852.77**	**$ 10,693.32**	**$ 159.45**
ITT CORP INC COM (ITT)	85 00	01/08/10	04/25/07	4,255 84	5,318 45	(1,062 61)
	140 00	01/12/10	04/25/07	6,984.14	8,759 80	(1,775 66)
	225.00			**$ 11,239 98**	**$ 14,078.25**	**($ 2,838.27)**
JACOBS ENGR GROUP INC COM (JEC)	175 00	12/08/09	07/13/07	5,950 81	11,316 13	(5,365 32)
JOHNSON & JOHNSON COM (JNJ)	80 00	01/08/10	03/27/96	5,118.27	1,879.50	3,238 77
JPMORGAN CHASE & CO COM (JPM)	135 00	01/08/10	01/31/08	6,012 74	6,394 99	(382.25)
	90 00	01/08/10	04/04/08	4,008 50	4,127 43	(118 93)
	155 00	01/12/10	04/04/08	6,741.90	7,108.35	(366.45)
	380 00			**$ 16,763.14**	**$ 17,630.77**	**($ 867.63)**

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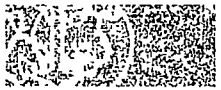

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
KELLOGG CO COM (K)	15 00	01/08/10	01/22/07	797.83	756.30	41 53
	80 00	01/08/10	04/25/07	4,255 09	4,221.60	33.49
	50 00	06/11/10	01/22/07	2,680 31	2,521 00	159 31
	145.00			**$ 7,733.23**	**$ 7,498.90**	**$ 234 33**
MC DONALDS CORP COM (MCD)	180 00	09/10/09	09/11/06	9,891 41	6,726.38	3,165 03
	15 00	09/10/09	07/29/08	824.28	899.85	(75 57)
	195 00			**$ 10,715.69**	**$ 7,626.23**	**$ 3,089.46**
MEDCO HEALTH SOLUTIONS INC COM(MHS)	90 00	01/08/10	03/12/07	5,808.45	3,115 80	2,692 65
	15 00	01/08/10	07/29/08	968 08	719 82	248 26
	80 00	02/04/10	03/12/07	4,937 06	2,769 60	2,167 46
	185 00			**$ 11,713.59**	**$ 6,605.22**	**$ 5,108 37**
MICROSOFT CORP COM (MSFT)	25 00	01/08/10	02/04/97	765 36	318 36	447 00
	220 00	01/08/10	12/13/07	6,735 17	7,774 10	(1,038 93)
	15 00	06/11/10	02/04/97	380.98	191 02	189.96
	85 00	06/11/10	05/05/09	2,158 88	1,687 29	471.59
	345 00			**$ 10,040.39**	**$ 9,970.77**	**$ 69.62**
NATIONAL OILWELL VARCO COM STK(NOV)	80 00	01/08/10	03/12/07	3,781 50	2,885 98	895.52
PEPSICO INC COM (PEP)	110 00	01/08/10	05/15/06	6,686 73	6,504 30	182.43
PG& E CORP COM (PCG)	100 00	01/08/10	06/01/07	4,357.89	4,945 36	(587 47)
PROCTER & GAMBLE CO COM (PG)	130 00	08/13/09	01/22/07	6,765 97	8,546 20	(1,780 23)
	30 00	01/08/10	09/27/06	1,805 05	1,873 80	(68 75)
	40 00	01/08/10	01/22/07	2,406.74	2,629 60	(222 86)
	200 00			**$ 10,977.76**	**$ 13,049.60**	**($ 2,071.84)**

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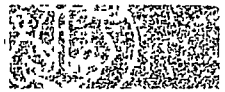

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
SCHLUMBERGER LTD COM STK (SLB)	160 00	12/15/09	03/12/07	9,982.14	10,384 58	(402 44)
SCHWAB CHARLES CORP COM NEW (SCHW)	225 00	01/08/10	09/04/08	4,277.14	5,339 88	(1,062 74)
	75 00	02/04/10	05/15/08	1 336 02	1,685 90	(349 88)
	40 00	02/04/10	09/04/08	712.55	949 31	(236 76)
	50 00	02/04/10	10/06/08	890 68	1,043 14	(152 46)
	390.00			**$ 7,216.39**	**$ 9,018.23**	**($ 1,801.84)**
SIGMA-ALDRICH CORP COM (SIAL)	60 00	01/08/10	01/23/08	3,055.12	2,856 00	199 12
	63 00	03/22/10	01/23/08	3,416 08	2,998 80	417.28
	37 00	03/23/10	01/23/08	1,996 04	1,761 20	234 84
	160 00			**$ 8,467.24**	**$ 7,616.00**	**$ 851.24**
SPECTRA ENERGY CORP COM STK (SE)	225 00	01/08/10	08/13/08	4,700 13	5,845 25	(1,145.12)
SUNCOR ENERGY INC NEW COM STK (SU)	80 00	01/08/10	07/13/07	2,979 12	3,819 94	(840 82)
TEVA PHARMACEUTICAL INDS (TEVA)	20 00	05/07/10	01/14/09	1,155 90	851 66	304.24
	60 00	05/07/10	02/10/09	3,467 72	2,557 03	910 69
	80 00			**$ 4,623.62**	**$ 3,408.69**	**$ 1,214.93**
TJX COS INC COM NEW (TJX)	115 00	01/08/10	05/02/08	4,395 19	3,829 83	565 36
TRANSOCEAN LTD (RIG)	30 00	01/08/10	03/12/07	2,768 63	2,292 60	476.03
	46 00	05/03/10	03/12/07	3,219 90	3,515 32	(295 42)
	76 00			**$ 5,988.53**	**$ 5,807.92**	**$ 180.61**
UNITED TECHNOLOGIES CORP COM (UTX)	45 00	01/08/10	03/21/02	3,172 42	1,629 67	1,542 75
US BANCORP (USB)	170 00	01/08/10	05/02/08	4,062 90	5,968 07	(1,905 17)
	115 00	04/08/10	05/02/08	3,078 59	4,037 23	(958 64)

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YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
	285 00			**$ 7,141.49**	**$ 10,005.30**	**($ 2,863.81)**
VERIZON COMMUNICATIONS COM (VZ)	180 00	10/22/09	01/22/07	5,243 68	6,689.25	(1,445 57)
	80 00	10/22/09	01/08/08	2,330.53	3,503.92	(1,173 39)
	100 00	01/08/10	01/22/07	3,155 92	3,716 25	(560 33)
	360 00			**$ 10,730.13**	**$ 13,909.42**	**($ 3,179.29)**
WAL-MART STORES INC COM (WMT)	140 00	01/08/10	09/04/08	7,459 01	8,472 82	(1,013 81)
	95 00	02/04/10	09/04/08	5,075 25	5,749 41	(674.16)
	25 00	04/08/10	09/04/08	1,385 60	1,513 00	(127 40)
	35 00	04/08/10	10/06/08	1,939 85	1,997 78	(57.93)
	295 00			**$ 15,859 71**	**$ 17,733.01**	**($ 1,873.30)**
WALT DISNEY CO (DIS)	105 00	01/08/10	04/25/07	3,324 21	3,637 96	(313 75)
WELLS FARGO & CO NEW COM STK (WFC)	155 00	11/09/09	01/22/07	4,277.80	5,547 45	(1,269 65)
	110 00	11/09/09	10/06/08	3 035.85	3,681 74	(645 89)
	80 00	01/08/10	05/08/03	2,325 54	1,895 20	430.34
	120 00	01/08/10	10/06/08	3,488 31	4,016 45	(528 14)
	465.00			**$ 13,127 50**	**$ 15,140.84**	**($ 2,013 34)**
Total Long Term Capital Gains and Losses						**($ 9,280.70)**
Total Capital Gains and Losses						**$ 6,600.33**

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
2009
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	

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

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 2008 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 2010 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 instr)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	47,596

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 2009	17	288
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 2009 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 2009 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 instructions	22	47,884
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

Form **8868** (Rev Apnl 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 02/15/11 , 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 07/01/09 , and ending 06/30/10

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