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2012

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10 , and ending 06/30/11

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

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

Doing Business As:

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

Room/suite:

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

D Employer identification number: 59-1087090

E Telephone number: 772-567-8900

G Gross receipts $: 3,099,774

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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UNITEDWAYIRC.ORG

K Form 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 32 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

			Prior Year	Current Year
Activities & Governance	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 individuals employed in calendar year 2010 (Part V, line 2a)	5	13	
	6 Total number of volunteers (estimate if necessary)	6	470	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)		2,257,529	2,366,938
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		93,248	126,312
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,045	16,654
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,363,822	2,509,904
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,744,101	1,706,584
	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)		514,037	492,766
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 246,954			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		260,364	2,557,191
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,518,502	4,756,541
	19 Revenue less expenses Subtract line 18 from line 12		-154,680	-2,246,637
			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		6,191,814	4,201,420
	21 Total liabilities (Part X, line 26)		50,042	49,941
	22 Net assets or fund balances Subtract line 21 from line 20		6,141,772	4,151,479

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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: Michael W. Kint — Date: 1-26-12

Type or print name and title: MICHAEL KINT, CEO

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
P. ROSS COTHERMAN, II, CPA		01/23/12		P00282902

Firm's name ▶ HARRIS, COTHERMAN, JONES, PRICE & ASSOC. — Firm's EIN ▶ 65-0689902

Firm's address ▶ 5070 N HIGHWAY A1A STE 250 VERO BEACH, FL 32963-1216 — Phone no 772-234-8484

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

DAA

22 617

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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 32 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 [X] 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 [X] 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 $ 1,706,584 including grants of $ 1,706,584) (Revenue $)
PROGRAM SERVICES & COMMUNITY INVESTMENT - SEE ATTACHED DESCRIPTION

4b (Code) (Expenses $ 339,715 including grants of $) (Revenue $)
REACHING OUT TO THE COMMUNITY - SEE ATTACHED DESCRIPTION

4c (Code) (Expenses $ 2,318,415 including grants of $ 2,318,415) (Revenue $)
ESTABLISHED IN 1992, BY THE DESIGNATION OF FUNDS DONATED FOR THIS PURPOSE, THE UNITED WAY FOUNDATION WAS THE PLANNED GIVING ARM OF UNITED WAY, BUT WAS NOT A SEPARATE ORGANIZATION. AS OF JANUARY 1ST, 2011, UNITED WAY ESTABLISED UNITED WAY FOUNDATION OF INDIAN RIVER COUNTY INC. WITH A TRANSFER OF $2,318,415 OF THE FUNDS THAT HAD PREVIOUSLY BEEN DESIGNATED BY THE BOARD TO SERVE A SIMILAR PURPOSE. THE FOUNDATION IS A SEPARATE NONPROFIT ORGANIZATION WHICH PROVIDES SUPPORT TO UNITED WAY BY RAISING ENDOWMENT ASSETS THAT WILL BE USED TO FUND THE FOUNDATION'S OPERATIONS, INCREASE CAMPAIGN DOLLARS TO UNITED WAY AND TO PROVIDE SUCH SERVICES AS DETERMINED BY THE BOARD OF DIRECTORS OF UNITED WAY.

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

4e Total program service expenses ▶ 4,364,714

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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	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	11b		X
c	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		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, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 (or a family member thereof) 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)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ☐ Yes ☒ No			
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

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? N/A		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		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 instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? N/A		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	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	13	X	
13	Does the organization have a written whistleblower policy?	14	X	
14	Does the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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

Check if Schedule O contains a response to any question in this Part VII [X]

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

- 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, if any 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) ILAIN ISAAC TREASURER	2.00	X		X				0	0	0
(2) MIRIAM BURNS SECRETARY	2.00	X		X				0	0	0
(3) TOM MANWARING CHAIRMAN	2.00	X		X				0	0	0
(4) CHAD MORRISON CHAIRMAN ELECT	2.00	X		X				0	0	0
(5) JAMES R. ACKERMAN	1.00	X						0	0	0
(6) SCOTT ALEXANDER	1.00	X						0	0	0
(7) SHARON BROOME	1.00	X						0	0	0
(8) JEFF COPELAND	1.00	X						0	0	0
(9) JIM KELLY	1.00	X						0	0	0
(10) SHERYL KOENES	1.00	X						0	0	0
(11) CHRIS LOFTUS	1.00	X						0	0	0
(12) MICHAEL KMETZ	1.00	X						0	0	0
(13) TED MICHAEL	1.00	X						0	0	0
(14) GERRY THISTLE	1.00	X						0	0	0
(15) TAMMY VOCK	1.00	X						0	0	0
(16) WILL KIRK	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 (describe hours for related organizations in Schedule O)	(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			
(17) RANDY RILEY	1.00	X						0	0	0
(18) KYLE MORGAN	1.00	X						0	0	0
(19) KEVIN BROWNING	1.00	X						0	0	0
(20) KAREN MERYL	1.00	X						0	0	0
(21) MELISSA MEDLOCK	1.00	X						0	0	0
(22) MICHAEL W. KINT CEO	40.00			X				79,159	0	14,317
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶								79,159		14,317
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								79,159		14,317

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 or individual 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	43,110				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,323,828				
	g Noncash contributions included in lines 1a-1f $		93,291				
	h Total. Add lines 1a–1f		▶	2,366,938			
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)		▶	58,953			58,953
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss)		▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities 640,198	(ii) Other				
	b Less cost or other basis & sales exps	572,519	320				
	c Gain or (loss)	67,679	-320				
	d Net gain or (loss)		▶	67,359	-320		67,679
	8a Gross income from fundraising events (not including $ 43,110 of contributions reported on line 1c) See Part IV, line 18	a	29,970				
	b Less direct expenses	b	17,031				
	c Net income or (loss) from fundraising events		▶	12,939			12,939
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory		▶				
	Miscellaneous Revenue	Busn. Code					
	11a KICKOFF REVENUE - TICKET SALE			2,000	2,000		
	b THANK YOU EVENT - TICKET SALE			1,715	1,715		
	c						
	d All other revenue						
	e Total. Add lines 11a–11d		▶	3,715			
	12 Total revenue. See instructions		▶	2,509,904	3,395	0	139,571

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	1,694,839	1,694,839		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	11,745	11,745		
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	33,586	18,013	27,441
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	298,101	126,669	67,937	103,495
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	84,725	37,657	19,687	27,381
10 Payroll taxes	30,900	13,321	7,145	10,434
11 Fees for services (non-employees)				
a Management				
b Legal	8,070			8,070
c Accounting	12,000	6,000	2,100	3,900
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	2,621	1,318	119	1,184
13 Office expenses	37,489	10,069	3,747	23,673
14 Information technology				
15 Royalties				
16 Occupancy	18,332	14,252	2,103	1,977
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,247	2,565	741	1,941
20 Interest				
21 Payments to affiliates	25,768	10,823	5,669	9,276
22 Depreciation, depletion, and amortization	41,642	31,232	5,413	4,997
23 Insurance	16,469	11,863	2,053	2,553
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a FUNDING UNITED WAY FDT	2,318,415	2,318,415		
b COMPUTER/EQUIP MAINTENANC	10,188	5,683	1,572	2,933
c EVENTS / FUND RAISING EXP	8,227	8,227		
d BANK & CREDIT CARD FEES	7,592	1,160	5,668	764
e THANK YOU EVENT EXPENSE	6,397	229		6,168
f All other expenses	38,734	25,061	2,906	10,767
25 Total functional expenses. Add lines 1 through 24f	4,756,541	4,364,714	144,873	246,954
26 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		205,439	1	190,145
	2	Savings and temporary cash investments		1,608,597	2	1,514,807
	3	Pledges and grants receivable, net		412,587	3	416,366
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		14,403	7	6,323
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		38,416	9	42,120
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,394,467			
	b	Less accumulated depreciation	10b 321,479	1,103,134	10c	1,072,988
	11	Investments—publicly traded securities		2,780,470	11	819,265
	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		28,768	15	139,406
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,191,814	16	4,201,420
Liabilities	17	Accounts payable and accrued expenses		29,405	17	17,486
	18	Grants payable			18	
	19	Deferred revenue			19	5,181
	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		20,637	25	27,274
	26	**Total liabilities.** Add lines 17 through 25		50,042	26	49,941
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		3,926,376	27	1,915,605
	28	Temporarily restricted net assets		2,215,396	28	2,235,874
	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		6,141,772	33	4,151,479
	34	Total liabilities and net assets/fund balances		6,191,814	34	4,201,420

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,509,904
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,756,541
3	Revenue less expenses Subtract line 2 from line 1	3	-2,246,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,141,772
5	Other changes in net assets or fund balances (explain in Schedule O)	5	256,344
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,151,479

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] 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 separate basis, consolidated basis, or both [X] 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

2010

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?

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,400,183	2,418,556	2,255,015	2,257,529	2,366,938	11,698,221
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	2,400,183	2,418,556	2,255,015	2,257,529	2,366,938	11,698,221
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)						271,796
6 **Public support.** Subtract line 5 from line 4						11,426,425

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,400,183	2,418,556	2,255,015	2,257,529	2,366,938	11,698,221
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	192,575	197,454	131,782	108,607	58,953	689,371
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	74,566	83,706	33,817	28,249	29,970	250,308
11 **Total support.** Add lines 7 through 10						12,637,900

12	Gross receipts from related activities, etc (see instructions)	12	3,715

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 2010 (line 6, column (f) divided by line 11, column (f))	14	90.41%
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	89.28%

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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—2009.** 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. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

FUNDRAISING EVENTS	$	220,338

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

2010

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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a 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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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	2,029,699	1,932,874	2,388,812		
b Contributions	140,325	6,632	12,950		
c Net investment earnings, gains, and losses	345,964	197,585	-376,711		
d Grants or scholarships	2,471,454	21,835	50,000		
e Other expenditures for facilities and programs	44,534	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 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	167,656	876,811
c Leasehold improvements		13,871	4,001	9,870
d Equipment		176,129	149,822	26,307
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			▶	1,072,988

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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
(1) Federal income taxes	
(2) MENTAL HEALTH COLLABORATIVE	15,238
(3) PAYROLL LIABILITIES	14,115
(4) PLATNIUM PLUS FOR BUSINESS	597
(5) DUE FROM MENTAL HEALTH	-2,676
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	27,274

2. FIN 48 (ASC 740) 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 (ASC 740)

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	2,509,904
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,756,541
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,246,637
4	Net unrealized gains (losses) on investments	4	256,344
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	256,344
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-1,990,293

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	2,804,156
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	256,344		
b	Donated services and use of facilities	2b	42,050		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	298,394
3	Subtract line 2e from line 1			3	2,505,762
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	4,142		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	4,142
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	2,509,904

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

1	Total expenses and losses per audited financial statements			1	4,794,449
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	42,050		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	42,050
3	Subtract line 2e from line 1			3	4,752,399
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	4,142		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	4,142
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	4,756,541

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 V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

ON JANUARY 1ST, 2011, THE ENDOWMENT FUND WAS TRANSFERRED TO THE UNITED WAY FOUNDATION OF INDIAN RIVER COUNTY, A SEPARATE NONPROFIT ORGANIZATION ESTABLISHED BY UNITED WAY OF INDIAN RIVER COUNTY.

Part XIV Supplemental Information (continued)

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

2010

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 and address 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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(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	51,741	21,339		73,080
	2 Less Charitable contributions	43,110			43,110
	3 Gross income (line 1 minus line 2)	8,631	21,339		29,970
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	16,421	610		17,031
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(17,031)
	11 Net income summary Combine line 3, column (d), and line 10			▶	12,939

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.

Revenue / Direct Expenses		(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			▶	

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 ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☐ No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a %
b	An outside facility	13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ Attach to Form 990.

OMB No 1545-0047

2010

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. Part II can be duplicated 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
(1) 2-1-1 HELPLINE P.O. BOX 3588 LANTANA FL 33465	23-7153017	3	58,000				EMERGENCY SERVICES
(2) AMERICAN RED CROSS 2506 17TH AVENUE VERO BEACH FL 32960	59-0637807	3	35,000				EMERGENCY SERVICES
(3) ABILITIES RESOURCE CENTER 1375 16TH AVENUE VERO BEACH FL 32960	59-1626205	3	83,000				RESPITE CARE
(4) BIG BROTHERS BIG SISTERS 125 NORTH 2ND STREET FORT PIERCE FL 34950	59-2455513	3	15,000				YOUTH DEVELOPMENT
(5) BOY SCOUTS 8335 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410	59-0624407	3	17,500				YOUTH DEVELOPMENT
(6) BOYS AND GIRLS CLUB 2926 PIPER DR. VERO BEACH FL 32960	59-3623298	3	130,000				YOUTH DEVELOPMENT
(7) CATHOLIC CHARITIES / SAMARITAN CENT 3650 41ST STREET VERO BEACH FL 32967	59-2470479	3	66,000				SAMARITAN CENTER
(8) CHILD CARE RESOURCES 1801 24TH STREET VERO BEACH FL 32960	65-0523165	3	199,000				YOUTH DEVELOPMENT
(9) CHILDREN'S HOME SOCIETY 415 AVENUE A, SUITE 100 FORT PIERCE FL 34950	59-0192430	3	58,000				FAMILY BUILDERS & CR

2 Enter total number of section 501(c)(3) and government organizations ▶ 38

3 Enter total number of other organizations ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ Attach to Form 990.

OMB No 1545-0047

2010

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? ☐ 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. Part II can be duplicated 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
(1) DASIE HOPE CENTER 8445 64TH AVENUE WABASSO FL 32970	02-0633089	3	60,500				YOUTH DEVELOPMENT
(2) DEAF AND HARD OF HEARING SERVICES 10016 S. FEDERAL HIGHWAY PORT ST.LUCIE FL 34952	65-0147688	3	18,000				DEAF SERVICES
(3) DRUG ABUSE TREATMENT ASSOC. 1016 NORTH CLEMONS ST., SUITE 200 JUPITER FL 33477	59-1363887	3	48,500				TREATMENT SERVICES
(4) EARLY LEARNING COALITION 10 SE CENTRAL PARKWAY, SUITE 400 STUART FL 34994	65-1035652	3	48,739				YOUTH DEVELOPMENT
(5) ECONOMIC OPPORTUNITY COUNCIL 2455 14TH AVENUE VERO BEACH FL 32960	59-1144567	3	12,500				POVERTY ASSISTANCE
(6) EXCHANGE CLUB 1275 OLD DIXIE HWY VERO BEACH FL 32960	59-2094472	3	144,300				IN HOME PARENT EDUCA
(7) GIFFORD YOUTH ACTIVITY CENTER 4875 43RD AVENUE VERO BEACH FL 32967	43-1950911	3	37,000				YOUTH DEVELOPMENT
(8) GIRL SCOUTS 1224 W. INDIANTOWN RD. JUPITER FL 33458	59-0657327	3	7,000				YOUTH DEVELOPMENT
(9) HIBISCUS CHILDREN CENTER 1145 12TH STREET VERO BEACH FL 32960	59-2632361	3	7,500				CRISIS NURSERY PROGR

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

3 Enter total number of other organizations ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ Attach to Form 990.

OMB No 1545-0047

2010

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? ☐ 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. Part II can be duplicated 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
(1) HOMELESS FAMILY CENTER 715 4TH PLACE VERO BEACH FL 32962	59-3129752	3	47,000				HOMELESS ASSISTANCE
(2) INDIAN RIVER COUNTY DENTAL PROGRAM 1900 27TH STREET VERO BEACH FL 32960		GOV	42,500				GOV'T AGENCY(COUNTY)
(3) INDIAN RIVER COUNTY HEALTHY START 1615 10TH AVENUE VERO BEACH FL 32960	65-0363222	3	50,000				TLC NEWBORN PROGRAM
(4) LITERACY SERVICES OF I.R. COUNTY 1600 21 STREET VERO BEACH FL 32960	59-1987210	3	20,000				ADULT LITERACY
(5) MENTAL HEALTH ASSOCIATION 820 37TH PLACE VERO BEACH FL 32960	59-1693337	3	80,000				WALK IN CLINIC
(6) MENTAL HEALTH COLLABORATIVE 1836 14TH AVENUE VERO BEACH FL 32960	59-1693337	3	20,000				MENTAL HEALTH AWAREN
(7) REDLANDS CHRISTIAN MIGRANT ASSOCIAT P.O. BOX 369 FELLSMERE FL 32948	59-1221966	3	19,838				SUBSIDIZED CHILD CAR
(8) SAFE SPACE P.O. BOX 2822 VERO BEACH FL 32961	59-1983994	3	70,000				DOMESTIC VIOLENCE PR
(9) SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH FL 32960	59-1539957	3	108,762				SENIOR ASSISTANCE

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

3 Enter total number of other organizations ▶ _____

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ Attach to Form 990.

OMB No 1545-0047

2010

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? ☐ 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. Part II can be duplicated 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
(1) SOCIETY OF ST VINCENT DE PAUL 5480 85TH STREET VERO BEACH FL 32967	65-0335331	3	5,225				UTILITY ASSISTANCE
(2) SUBSTANCE AWARENESS COUNCIL 1507 20TH STREET VERO BEACH FL 32960	65-0202835	3	10,000				DRUG ABUSE PREVENTIO
(3) THE CRYSTAL FOUNDATION 8 VISTA GARDENS #102 VERO BEACH FL 32962	80-0605983	3	8,000				YOUTH ORCHESTRA
(4) THE LEARNING ALLIANCE P.O. BOX 63446 VERO BEACH FL 32964	27-0725986	3	7,875				VISION FOR READING
(5) TREASURE COAST FOOD BANK 3051 INDUSTRIAL 25TH STREET FORT PIERCE FL 34946	65-0123281	3	54,000				FOOD PROGRAM
(6) TREASURE COAST HOMELESS SERVICES 2525 ST.LUCIE AVENUE VERO BEACH FL 32960	52-2254571	3	30,000				HOMELESS ASSISTANCE
(7) UNITED SERVICES ORGANIZATION P.O. BOX 220 VERO BEACH FL 32961	13-1610451	3	5,500				USO PROGRAMS
(8) YOUTH GUIDANCE 1028 20TH PLACE, SUITE B VERO BEACH FL 32960	65-0017325	3	60,000				YOUTH DEVELOPMENT
(9)							

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

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. Part III can be duplicated 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
1	FINANCIAL AID	36	11,745			
2						
3						
4						
5						
6						
7						

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.

PART IV - ADDITIONAL INFORMATION

SCHEDULE I - PART III

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

PUBLIX EMERGENCY FUNDS: FINANCIAL AID TO PUBLIX EMPLOYEES WHO HAVE FALLEN 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.

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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	6	93,291	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 an amount 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 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2010
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Name of the organization: UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number: 59-1087090

FORM 990 - ADDITIONAL INFORMATION

PART IX - FUNCTIONAL EXPENSES, LINE 24A

ON JANUARY 1ST, 2011, THE ENDOWMENT FUND WAS TRANSFERRED TO THE UNITED WAY FOUNDATION OF INDIAN RIVER COUNTY, A SEPARATE NONPROFIT ORGANIZATION ESTABLISHED BY UNITED WAY OF INDIAN RIVER COUNTY.

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 11B - 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. SAID CONFLICTS AND POTENTIAL CONFLICTS SHOULD 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

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

Employer identification number: 59-1087090

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.

FORM 990, PART VII - ADDITIONAL INFORMATION

MICHAEL KINT DEVOTES ON AVERAGE FOUR HOURS PER WEEK TO THE UNITED WAY FOUNDATION, A RELATED ORGANIZATION.

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION

UNREALIZED GAIN $256,344

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number: 59-1087090

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

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)	UNITED WAY FOUNDATION OF I.R. CNTY 1836 14TH AVENUE 27-4180892 VERO BEACH FL 32960	ENDOWMENT	FL	3	11A	N/A		X
(2)								
(3)								
(4)								
(5)								

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc ? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)								
(2)								
(3)								
(4)								

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b	X	
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNITED WAY FOUNDATION OF I.R. CNTY	B	2,318,415	FMV OF CASH & SECURITIES
(2)	UNITED WAY FOUNDATION OF I.R. CNTY	P	65,092	CASH
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

UNITED WAY OF INDIAN RIVER COUNTY, INC.
E.I.N. 59-1087090
FYE: 6/30/2011

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 470 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 (FY10-11), UWIRC invested $1,706,584 in 501(c)(3) organizations. The vast majority ($1,640,300) was distributed to 42 programs from our 32 partner agencies.

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 and Board 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 and Connected 4 Kids
- 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.

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)	560.70	12/07/10	12/29/09	$ 6,078.00	$ 5,730.35	$ 347.65
MFB NORTHERN FUNDS STK INDEX FD (NOSIX)	11,367.17	12/07/10	02/24/10	172,781.01	155,843.89	16,937.12
MFB NORTHN FUNDS EMERGING MKTSEQTY EQTY INDEX FD (NOEMX)	1,852.55	12/07/10	02/24/10	23,657.00	19,377.68	4,279.32
MFB NORTHN SHORT INTERMEDIATE US GOVT (N SIUX)	2,340.62	12/07/10	02/24/10	24,787.18	24,319.05	468.13
MFO VANGUARD FXD INC SECS FD INC INFLAT ION-PROTECTED SECS FD #119 (VIPSX)	2,026.50	12/07/10	02/25/10	26,770.00	25,493.37	1,276.63
Total Short Term Capital Gains and Losses				254,073.19	230,764.34	**$ 23,308.85**
Long Term Capital Gains and Losses						
Trade Activity						
EMERSON ELEC CO EMERSON ELEC 7.125 DUE 08-15-2010 BEO	20,000.00	08/16/10	11/16/00	20,000.00	20,354.60	(354.60)
MFB NORTHERN FUNDS STK INDEX FD (NOSIX)	2,295.92	12/07/10	07/20/09	34,897.99	27,000.00	7,897.99
MFB NORTHN FDS MULTI-MANAGER EMERGING M KTS EQTY FD (NMMEX)	1,128.55	12/07/10	05/06/09	27,751.00	17,131.39	10,619.61
MFB NORTHN HI YIELD FXD INC FD(NHFIX)	834.89	12/07/10	05/06/09	6,078.00	5,218.06	859.94
MFB NORTHN INTL EQTY INDEX FD (NOINX)	4,965.87	12/07/10	04/05/05	52,092.00	48,715.17	3,376.83

Continued on next page.

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
MFB NORTHN MULTI-MANAGER INTL EQTY FD (N MIEX)	5,538.59	12/07/10	03/12/07	54,167.39	64,081.50	(9,914.11)
	80.35	12/07/10	12/19/07	785.82	940.91	(155.09)
	360.51	12/07/10	12/19/07	3,525.79	4,221.58	(695.79)
	5,979.45			**$ 58,479.00**	**$ 69,243.99**	**($ 10,764.99)**
MFB NORTHN SHORT INTERMEDIATE US GOVT (N SIUX)	369.86	12/07/10	07/20/09	3,916.82	3,898.32	18.50
MFO PIMCO FDS PAC INVT MGMT SER COMMOD ITY REALRETURN STRATEGY FD INSTL (P	3,329.91	12/07/10	05/07/09	29,935.89	23,009.68	6,926.21
	5,521.12	12/07/10	07/21/09	49,634.87	39,476.00	10,158.87
	757.09	12/07/10	08/21/09	6,806.24	5,769.00	1,037.24
	9,608.12			**$ 86,377.00**	**$ 68,254.68**	**$ 18,122.32**
Capital Gains Distribution						
MFB NORTHERN FUNDS BD INDEX FD(NOBOX)		12/22/10	08/21/09	89.56	0.00	89.56
MFB NORTHERN FUNDS MULTI MANAGER HI GH YIELD OPPORTUNITYFUND (NMHYX)		12/22/10	08/21/09	52.85	0.00	52.85
MFB NORTHN FDS MULTI-MANAGER EMERGING M KTS EQTY FD (NMMEX)		12/22/10	08/21/09	3,174.31	0.00	3,174.31
MFB NORTHN FDS MULTI-MANAGER GLOBAL REA LESTATE FD (NMMGX)		12/22/10	08/21/09	1,774.03	0.00	1,774.03
MFB NORTHN SHORT INTERMEDIATE US GOVT (N SIUX)		12/22/10	08/21/09	9.05	0.00	9.05

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)		02/10/11	08/21/09	71.01	0.00	71.01
HARTFORD FINL SVCS GROUP INC COM (HIG)		12/16/10	08/21/09	8.80	0.00	8.80
Total Long Term Capital Gains and Losses				294,771.42	259,816.21	**$ 34,955.21**
Total Capital Gains and Losses						**$ 58,264.06**

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						
BANK OF AMERICA CORP (BAC)	295.00	12/03/10	03/05/10	$ 3,415.78	$ 4,914.94	($ 1,499.16)
	185.00	12/03/10	04/08/10	2,142.10	3,446.81	(1,304.71)
	480.00			**$ 5,557.88**	**$ 8,361.75**	**($ 2,803.87)**
JOHNSON CTL INC COM (JCI)	70.00	07/22/10	09/10/09	2,081.81	1,863.67	218.14
	90.00	07/22/10	01/12/10	2,676.62	2,674.77	1.85
	160.00			**$ 4,758.43**	**$ 4,538.44**	**$ 219.99**
SYSCO CORP COM (SYY)	3.00	11/19/10	06/11/10	86.17	92.31	(6.14)
	207.00	11/19/10	06/11/10	5,945.71	6,369.18	(423.47)
	210.00			**$ 6,031.88**	**$ 6,461.49**	**($ 429.61)**
Total Short Term Capital Gains and Losses				16 348.19	19,361.68	**($ 3,013.49)**
Long Term Capital Gains and Losses						
Trade Activity						
ADOBE SYS INC COM (ADBE)	75.00	10/04/10	04/19/05	1,933.97	2,179.68	(245.71)
	65.00	10/04/10	01/22/07	1,676.11	2,465.45	(789.34)
	45.00	10/04/10	05/05/09	1,160.38	1,206.25	(45.87)
	185.00			**$ 4,770.46**	**$ 5,851.38**	**($ 1,080.92)**
AMAZON COM INC COM (AMZN)	36.00	11/19/10	04/16/09	5,906.74	2,743.45	3,163.29
APPLE INC COM STK (AAPL)	20.00	07/15/10	05/27/09	4,975.38	2,671.22	2,304.16
CISCO SYSTEMS INC (CSCO)	125.00	11/19/10	09/23/96	2,450.16	831.60	1,618.56

Continued on next page.

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
	60.00	11/19/10	05/08/03	1,176.07	931.80	244.27
	85.00	11/19/10	05/05/09	1,666.11	1,658.40	7.71
	270.00			**$ 5,292.34**	**$ 3,421.80**	**$ 1,870.54**
CUMMINS INC (CMI)	8.00	09/09/10	09/02/09	653.50	359.96	293.54
	11.00	09/10/10	09/02/09	903.28	494.94	408.34
	21.00	09/13/10	09/02/09	1,768.95	944.89	824.06
	36.00	12/17/10	09/02/09	3,902.19	1,619.82	2,282.37
	76.00			**$ 7,227.92**	**$ 3,419.61**	**$ 3,808.31**
FRONTIER COMMUNICATIONS CORP COM (FTR)	0.21	07/02/10	01/22/07	1.51	2.05	(0.54)
	14.19	07/09/10	01/22/07	104.25	138.76 **	(34.51)
	30.01	07/09/10	03/12/07	220.47	285.68 **	(65.21)
	10.80	07/09/10	05/05/09	79.34	87.39 **	(8.05)
	55.21			**$ 405.57**	**$ 513.88**	**($ 108.31)**
HEWLETT PACKARD CO COM (HPQ)	55.00	10/04/10	03/12/07	2,229.25	2,217.05	12.20
	95.00	10/04/10	01/14/09	3,850.52	3,354.54	495.98
	20.00	10/04/10	05/05/09	810.64	736.40	74.24
	170.00			**$ 6,890.41**	**$ 6,307.99**	**$ 582.42**
JOHNSON & JOHNSON COM USD1 (JNJ)	60.00	07/22/10	03/27/96	3,435.66	1,409.62	2,026.04
	25.00	07/22/10	05/05/09	1,431.53	1,344.00	87.53
	85.00			**$ 4,867.19**	**$ 2,753.62**	**$ 2,113.57**
KELLOGG CO COM USD0.25 (K)	64.00	08/18/10	01/22/07	3,257.80	3,226.88	30.92
	40.00	08/19/10	01/22/07	1,994.42	2,016.80	(22.38)
	31.00	08/20/10	01/22/07	1,539.10	1,563.02	(23.92)
	10.00	08/20/10	05/05/09	496.48	442.80	53.68
	145.00			**$ 7,287.80**	**$ 7,249.50**	**$ 38.30**

Continued on next page.

YTD Realized Gain/Loss Details *(continued)*

Description	Shares	Date Sold	Date Acquired	Sale Proceeds	Tax Cost	Gain/(Loss)
PG& E CORP COM (PCG)	80.00	09/13/10	06/01/07	3,499.06	3,956.29	(457.23)
	90.00	09/13/10	10/06/08	3,936.45	3,255.81	680.64
	25.00	09/13/10	05/05/09	1,093.46	943.93	149.53
	195.00			**$ 8,528.97**	**$ 8,156.03**	**$ 372.94**
SCHWAB CHARLES CORP COM NEW (SCHW)	199.00	11/02/10	10/06/08	3,061.76	4,151.68	(1,089.92)
	16.00	11/03/10	10/06/08	244.57	333.80	(89.23)
	45.00	11/03/10	05/05/09	687.86	844.73	(156.87)
	260.00			**$ 3,994.19**	**$ 5,330.21**	**($ 1,336.02)**
TJX COS INC COM NEW (TJX)	137.00	12/17/10	05/02/08	5,960.03	4,562.50	1,397.53
	33.00	12/20/10	05/02/08	1,442.77	1,099.00	343.77
	30.00	12/20/10	05/05/09	1,311.61	873.78	437.83
	200.00			**$ 8,714.41**	**$ 6,535.28**	**$ 2,179.13**
VERIZON COMMUNICATIONS COM (VZ)	60.00	07/15/10	01/22/07	1,602.86	2,088.94	(486.08)
	125.00	07/15/10	03/12/07	3,339.28	4,238.17	(898.89)
	45.00	07/15/10	05/05/09	1,202.14	1,296.42	(94.28)
	230.00			**$ 6,144.28**	**$ 7,623.53**	**($ 1,479.25)**
Total Long Term Capital Gains and Losses				75005.66	62,577.50	**$ 12,428.16**
Total Capital Gains and Losses						**$ 9,414.67**

** Adjusted Cost Information in Current Period

Forms **990 / 990-PF**

Other Notes and Loans Receivable

For calendar year 2010, or tax year beginning 07/01/10 , and ending 06/30/11

2010

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	990	
(2)		13,333	5,333	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Totals		14,403	6,323	

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

2010

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 instructions)	1	500,000
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	2,000,000
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 2009 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 2011 Add lines 9 and 10, less line 12 ▶	13		

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	40,889

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 2010	17	271
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 2010 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		1,900	5.0	HY	200DB	380
c	7-year property						
d	10-year property						
e	15-year property		2,006	15.0	HY	150DB	100
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 2010 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	41,640
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

Year Ended: June 30, 2011 59-1087090

UNITED WAY OF INDIAN RIVER COUNTY,
INC.
PO BOX 1960
VERO BEACH, FL 32961-1960

Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

2012 UNITED WAY OF INDIAN RIVER COUNTY,
59-1087090
FYE: 6/30/2011

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
5-year GDS Property:												
179	LCD Projector for Community Room	9/09/10	1,900				1,900	5	HY	200DB	0	380
			1,900				1,900				0	380
15-year GDS Property:												
180	Landscape Improvements	10/15/10	2,006				2,006	15	HY	150DB	0	100
			2,006				2,006				0	100
Prior MACRS:												
145	Shelving	10/11/05	1,543				1,543	15	MQ	S/L	476	103
146	Shleving	10/11/05	514				514	15	MQ	S/L	159	34
151	Sign for recognition wall	10/25/07	1,747				1,747	15	HY	150DB	403	134
			3,804				3,804				1,038	271
Other Depreciation:												
5	HP PRINTER 1200	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
15	HP LASERJET 8550 PRI	5/21/03	1,184				1,184	5	MO	S/L	1,184	0
	Sold/Scrapped 1/01/11											
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
72	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	1,048	0
	Sold/Scrapped 1/01/11											
73	Dell 4600 Desktop Computer Room 202	2/01/05	1,048				1,048	5	MO	S/L	1,048	0
74	Dell 4600 Desktop Computer Room 203	2/01/05	1,048				1,048	5	MO	S/L	1,048	0
75	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	1,048	0
76	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	1,048	0
77	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	1,048	0
	Sold/Scrapped 1/01/11											
78	Dell 4600 Desktop Computer	2/01/05	1,048				1,048	5	MO	S/L	1,048	0
79	HP LaserJet Printer	2/01/05	417				417	5	MO	S/L	417	0
103	Star Technology/Community Room	2/01/05	31,800				31,800	5	MO	S/L	31,800	0
108	Loback Leather Exec Chair/Guest Chair	2/01/05	178				178	7	MO	S/L	138	25
109	Online Micro Projector (w/Keyboard & Mo	2/01/05	1,263				1,263	5	MO	S/L	1,263	0
110	Dell Poweredge 2600 Server	2/01/05	5,108				5,108	5	MO	S/L	5,108	0
111	Dell Inspirion 9100 Board Room	2/01/05	2,026				2,026	5	MO	S/L	2,026	0
112	Office Products Office Furniture	2/01/05	11,320				11,320	7	MO	S/L	8,760	1,617
113	Office Products Office Furniture	2/01/05	28,552				28,552	7	MO	S/L	22,094	4,079
114	Folding Machine	2/01/05	1,179				1,179	5	MO	S/L	1,179	0
115	H 4350 Printer & Envelope Feeder	2/01/05	2,359				2,359	5	MO	S/L	2,359	0
116	(6) Laserjet 1300 Printers	2/01/05	1,756				1,756	5	MO	S/L	1,756	0
117	(2) Laserjet 1300 Printers	2/01/05	585				585	5	MO	S/L	585	0
118	Appliances - Stove, Frig Micorwave	2/01/05	2,117				2,117	7	MO	S/L	1,638	302
119	Appliances - Ice Maker	2/01/05	667				667	7	MO	S/L	516	95
120	Dell Flat Panel Screen	2/01/05	320				320	5	MO	S/L	320	0
	Sold/Scrapped 1/01/11											
121	Dell 24 port Power Connect	2/01/05	164				164	5	MO	S/L	164	0
122	Vetrol Systems Set Up Server & Backup	2/01/05	1,128				1,128	5	MO	S/L	1,128	0
123	Indian River Telephone	2/01/05	7,890				7,890	5	MO	S/L	7,890	0
	Sold/Scrapped 1/01/11											
124	Copier/Printer/Fax Canon D880	2/01/05	700				700	5	MO	S/L	700	0
125	JC Penney Blinds	2/01/05	854				854	7	MO	S/L	661	122
126	JC Penney Blinds	2/01/05	854				854	7	MO	S/L	661	122
128	1836 14th Avenue Building	2/01/05	1,043,715				1,043,715	40	MO	S/L	141,336	26,093
132	Dell Computer Dimension 4700	9/20/05	1,372				1,372	5	MO	S/L	1,372	0
133	110 Stack Chairs	2/01/05	7,094				7,094	7	MO	S/L	5,489	1,014
134	2 Chair Dollies	2/01/05	278				278	7	MO	S/L	215	40
135	2 - 8' Table Trucks	2/01/05	432				432	7	MO	S/L	334	62
136	24 Seminar Folding Tables	2/01/05	3,706				3,706	7	MO	S/L	2,868	529

2012 UNITED WAY OF INDIAN RIVER COUNTY,
59-1087090
FYE: 6/30/2011

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
138	Dell 3100 Computer Reception	4/18/06	1,110				1,110	5	MO	S/L	943	167
139	Blinds - Upper Windows 2nd Floor	6/30/06	827				827	7	MO	S/L	502	118
141	Digital Camera Accessories	6/28/06	1,380				1,380	7	MO	S/L	838	197
142	Digital Camera	6/30/06	2,200				2,200	7	MO	S/L	1,336	314
143	Hex Table & 5' Carson Bench	6/30/06	1,176				1,176	7	MO	S/L	714	168
144	Hex Table & 5' Carson Bench	6/30/06	392				392	7	MO	S/L	238	56
147	(2) Dampers & Programmable Thermostat	7/11/06	351				351	7	MO	S/L	201	50
148	(3) Air Flow Dampers	7/20/06	324				324	7	MO	S/L	181	47
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	410	105
152	Dell Computer Optiplex 760 -M Kint	5/13/09	913				913	5	MO	S/L	213	183
153	Signs for NIC	6/05/09	752				752	7	MO	S/L	116	108
154	Website-Design Considerations	9/30/08	2,205			X	1,102	3	MO	Amort	1,776	368
155	2 Hard Drives for Server Sold/Scrapped 1/01/11	8/08/08	560				560	5	MO	S/L	215	56
156	Tape Backup for Servcer	8/08/08	1,302				1,302	5	MO	S/L	499	261
157	Dell Computer Precision T3400 Lisa	11/11/08	1,681				1,681	5	MO	S/L	560	337
158	Opti Plex 360 Minitower Faith	1/09/09	847				847	5	MO	S/L	254	170
159	OptiPlex 755 - Eve	6/10/09	928				928	5	MO	S/L	201	186
160	OptiPlex 760 - Doris	6/11/09	896				896	5	MO	S/L	194	179
161	OptiPlex 760 - Sandra	6/11/09	896				896	5	MO	S/L	194	179
162	Waterproofing Bottom of Building	10/27/08	1,500				1,500	7	MO	S/L	357	214
163	Adobe Dreamweaver Software	3/22/10	399			X	355	3	MO	Amort	44	133
164	Upgrade HD Dell Server	9/15/09	520				520	5	MO	S/L	87	104
165	1 GB RAM Dell PowerEdge	9/21/09	192				192	5	MO	S/L	29	38
166	Ham Radio Equipment	9/21/09	761				761	5	MO	S/L	114	152
167	2 Hard Drives Upgrade Server	9/21/09	926				926	5	MO	S/L	139	185
168	Front Lobby Chairs	9/21/09	507				507	7	MO	S/L	54	73
169	Dell Latitude E5400/Docking St for Comm	1/21/10	1,249				1,249	5	MO	S/L	104	250
170	UWC "Honor Wall"	2/03/10	1,970				1,970	7	MO	S/L	117	282
171	Dell Computer Opti 780-CBrunetti	2/16/10	1,135				1,135	5	MO	S/L	76	227
172	Dell Computer Opti 780-SSeymour	2/16/10	1,135				1,135	5	MO	S/L	76	227
173	Dell Computer- Opti 780MMalyn	2/16/10	1,135				1,135	5	MO	S/L	76	227
174	Emergency Lighting	8/25/09	5,886				5,886	7	MO	S/L	701	841
175	Projector Sold/Scrapped 6/30/11	2/01/05	1,500				1,500	5	MO	S/L	1,500	0
176	(3) Chairs Sold/Scrapped 6/30/11	2/01/05	378				378	7	MO	S/L	293	54
177	Trend Micro Virus Software for Server	7/01/10	688				688	3	MO	Amort	0	229
178	Blackbaud - License to RE7 (operation staff	1/03/11	1,200				1,200	3	MO	Amort	0	200
181	Acronis B/up & Recovery	6/08/11	853				853	3	MO	Amort	0	24
182	Windows Server 2008 Enterprise	6/08/11	179				179	3	MO	Amort	0	5
183	3 Removale HD Cartridges	6/08/11	526				526	5	MO	S/L	0	9
184	PowerEdge T310 Chassis/set-up	6/08/11	3,957				3,957	5	MO	S/L	0	66
185	Martel Dicatphone	6/30/11	508				508	5	MO	S/L	0	0
	Total Other Depreciation		1,400,689				1,399,542				292,406	40,889
	Total ACRS and Other Depreciation		1,400,689				1,399,542				292,406	40,889
	Grand Totals		1,408,399				1,407,252				293,444	41,640
	Less: Dispositions and Transfers		13,928				13,928				13,498	110
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,394,471				1,393,324				279,946	41,530

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST INCOME	$ 32,870		14			
INTEREST NT	34,747		14			
ACCRUED INTEREST INCOME	-3,493		14			
FOUNDATION REVENUE	9		14			
CAP GAIN DISTRIBUTIONS	-5,180		14			
TOTAL	$ 58,953					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
50TH ANNIVERSARY CELEBRAT	$ 5,672	$ 5,672	$	$
MEMBERSHIP DUES & SUBSCRI	5,318	2,243	1,040	2,035
COMMUNITY LEADERS BREAKFA	4,627	4,627		
INVESTMENT FEES NT	4,142			4,142
KICK OFF CAMPAIGN EXPENSE	3,974	3,974		
AGENCY AWARDS	3,500	3,500		
EMPLOYEE BUSINESS REIMB	2,129	2,129		
MEETING EXPENSES	1,767		126	1,641
REPAIRS - BLDG/GROUNDS	1,678	1,678		
PAYROLL	1,171		1,118	53
POSTAGE - FOUNDATION	1,149			1,149
EMPLOYEE APPRECIATION EXP	960	427	223	310
EVENTS & MEETINGS	698			698
VITA EXPENSES	610	610		
MISCELLANEOUS	600	201	399	
ADMINISTRATION FEES - UW	548			548
PRINTING & PUBLICATIONS	116			116
EMPLOYEE BUSINESS EXP	49			49
SUPPLIES / FOUNDATION	26			26
TOTAL	$ 38,734	$ 25,061	$ 2,906	$ 10,767

Form **8868** (Rev January 2011)

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

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

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	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MICHAEL KINT
1836 14TH AVE

- The books are in the care of ▶ VERO BEACH FL 32960
  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 is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15/12 , 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 07/01/10 , and ending 06/30/11

2 If this tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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