19

EXTENDED TO MAY 15, 2019

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 private foundations)

► Do not enter social security numbers on this form as it may be made public good to www.irs.gov/Form990 for instructions and the latest information.

2017 Openito Public Inspection

	A F	or the 2	2017 calendar year, or tax year beginning $$ JUL $$ 1 , $$ $$ 2017 $$ and endii	ng J	UN 30, 2018						
	В с	heck if oplicable	C Name of organization		D Employer identifi	cation number					
		Address change Name change	UNITED WAY OF INDIAN RIVER COUNTY, INC.		59_1	.087090					
]cnange]initial return	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone numbe	er					
		Final return/	772-	567-8900							
		termin- ated Amended return	City or town, state or province, country, and ZIP or foreign postal code VERO BEACH, FL 32961	G Gross receipts \$ H(a) Is this a group r	3,080,781.						
		s? Yes X No									
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes											
			npt status	527	~	list (see instructions)					
			www.UNITEDWAYIRC.ORG ganization: X Corporation Trust Association Other ►		H(c) Group exemption	M State of legal domicile: FL					
			Ganization: A Corporation Trust Association Other	<u>L Y</u> ear (or formation: 1901	M State of legal domicile: F 11					
			riefly describe the organization's mission or most significant activities MISSION	: T	O IMPROVE L	IVES BY					
	& Governance	<u>M</u>	OBILIZING THE CARING POWER OF OUR COMMUNITY	7.							
	Ē	2 C	neck this box Fig. if the organization discontinued its operations or disposed of	f more	than 25% of its net as						
	Š	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	24					
	نق	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	24					
2013	es 2	5 To	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		5_	16					
7	Activities		otal number of volunteers (estimate if necessary)		6	1532					
0	Act		otal unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.					
┥.		b Ne	et unrelated business taxable income from Form 990-T, line 34		7b	0.					
MAK		• •	anticle strong and grounds (Dout VIII June 11)	_	Prior Year 2,820,501.	Current Year 2,779,299.					
	ş		ontributions and grants (Part VIII, line 1h) rogram service revenue (Part VIII, line 2g)	$\neg \neg$	0.	0.					
2	Revenue		ogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)		37,718.	71,825.					
Ļ	8	11 01	(A)	Q	34,627.	18,512.					
Ź		12 To	otal revenue · add lines 8 through 11 (must equal Part VIII, Dumn (A), line 12)		2,892,846.	2,869,636.					
CAINING O			rants and similar amounts paid (Part IX, column (A), lines 13)		1,816,822.	2,214,846.					
ล	Ì		enefits paid to or for members (Part IX, column (A), line 4) OGDEN, UT		0.	0.					
	S	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		632,048.	695,148.					
	Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
	x	b To	otal fundraising expenses (Part IX, column (D), line 25) 316,766.	. 💻							
	۳		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	345,484.	367,926.					
			otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,794,354.	3,277,920.					
-	_,	19 Re	evenue less expenses Subtract line 18 from line 12	+-	98,492.	-408,284.					
	Assets or LBalances	00 T-	And accords (Port V. Land 16)	Rec	ginning of Current Year 4,697,137.	End of Year 4,391,843.					
	Bass		otal assets (Part X, line 16) otal liabilities (Part X, line 26)	-	42,546.	107,853.					
	貿		et assets or fund balances Subtract line 21 from line 20		4,654,591.	4,283,990.					
ſ	Pa	rt(III	Signature Block								
-	_		es of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	nts, and to the best of my	/ knowledge and belief, it is					
			and complete. Declaration of preparer (other than afficer) is based on all information of which pr								
			Minda W. King		12-19-	-18					
:	Sign	 	Signature of officer		Date						
ı	Here		MICHAEL W. KINT, CEO								
-		!	Type or print name and title		lata I a	= 1 DTIN					
			rint/Type preparer's name Preparer's signature		Pate Check	PTIN					
	Paid	_		PAI	2/18/18 self-employ						
	repa Ico (rm's name REHMANN ROBSON LLC		Firm's EIN ▶	38-3635706					
•	Jse (אווע Fi 	rm's address 5070 N HIGHWAY A1A, STE 250 VERO BEACH, FL 32963		Phone no. (7	72) 234-8484					
-	Asu	the IDS	discuss this return with the preparer shown above? (see instructions)			X Yes No					
_		<u>11-28-17</u>				Form 990 (2017) (

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Forn	n 990 (2017) UNITED WAY OF INDIAN RIVER COUNTY, INC. 59-1087090	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
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 40 PROGRAMS AT 31 LOCAL HEALTH & HUMAN SERVICE AGENCIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		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?	X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,214,846. including grants of \$ 2,214,846.) (Revenue \$)
	PROGRAM SERVICES & COMMUNITY INVESTMENT - SEE ATTACHED DESCRIPTION	
	The state of the s	
4b	(Code) (Expenses \$ 545,219 • Including grants of \$) (Revenue \$	<u> </u>
	REACHING OUT TO THE COMMUNITY - SEE ATTACHED DESCRIPTION	
		
4c	(Code) (Expenses \$)
		-
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>—</u> _	Total program service expenses ▶ 2,760,065.	
	Form 99) (2017)
	, 	

UNITED WAY OF INDIAN RIVER COUNTY, INC.

ROMABDGI 59-1087090 Page 3

RartilV Checklist of Required Schedules

provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II B Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 VI Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II the organization anywer to any of the following questions is "Yes," then complete Schedule D, Part VI II the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization separate in amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part X III Did X III		•		Yes	No
2 is the organization required to complete. Schedule B, Schedule Of Contributions? 3 Did the organization angage 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 Section 50 (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 1 is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedures 98-19? If "Yes," complete Schedule C, Part II or provide advice to the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II or the organization maintain collections of works of art, historical treasures, or distribution or investment organization receive or hold a conservation easament, including easements to preserve open space. 1 the organization maintain collections of works of art, historical treasures, or distribution organization report an amount in Part X, line 21, for escrive or outstodial account liability, 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 organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI or Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI or Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI or Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI or Did the organization report an amount securities or part X, line 10? If "Yes," complete Schedule D, Part VI or Did th	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II Section 50 foto(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 Set the organization as action 501(h)(4), 501(s)(6), 501(s)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II B off the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II C off the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II D off the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amount not listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Od the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent andowments, or quasis-endowments? If "Yes," complete Schedule D, Part VII If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII D off the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII D off the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII D off the organization report an amount for other includes a continued and securities of the tax year include a footnote that addresses the organization has been year and mount for other included by the part VIII of th		If "Yes," complete Schedule A	1		
A Section 50 (KgX) organization. Dot the organization engage in lobbying activities, or have a section 501(fi) election in effect during the tax year? // "Yes," complete Schedule C, Part // 1	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(x)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 III 5 Is the organization a section 501(x)4, 501(x)6), or 501(x)6	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? "I" Yes," complete Schedule C, Part II Is the organization a section 501(c)(s), 501(c)(s		public office? If "Yes," complete Schedule C, Part I	_3_		X
5 Is the organization in 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 98-93? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part III 5 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If 'Yes,' complete Schedule D, Part III 5 Did the organization maintain collections of works of art, histonical treasures, or other similar assests? If 'Yes,' complete Schedule D, Part IV 6 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a outstodin for amounts in tisted in Part X, line 169 If 'Yes,' complete Schedule D, Part IV 7 Did the organization organization amount for other liabilities in Part X, line 169 If 'Yes,' complete Schedule D, Part IVI 8 Did the organization report an amount for investments organized in Part X, line 159 If 'Yes,' complete Schedule D, Part VIII 9 Did the organization report an amount for other assets in Part X, line 159 If 'Yes,' complete Schedule D, Part VIII 10 Did the organization report an amount for other assets in Part X, line 150 If 'Yes,' complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 150 If 'Yes,' complete Schedule D, Part VIII 12 Did the organization report an amount for other assets in Part X, line 150 If 'Yes,' complete Schedule D, Part VIII 13 Did the organization report an amount for other assets in Part X, line 150 If 'Yes,' complete Schedule D, Part XIII 14 Did the organization report	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		j	
smilar amounts as defined in Revenue Procedure 88-197 #"Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any smilar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? #"Yes," complete Schedule D, Part III Did the organization receive or hold a conservation easement, including easements to preserve open space. The environment, historic land areas, or historic structure? #"Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt regolation services? #"Yes," complete Schedule D, Part IV Did the organization directly or through a related organization, hold sasets in temporarily restricted endowments, permanent endowments, or quasi-endowments? #"Yes," complete Schedule D, Part VI If the organization integration amount for land, buildings, and equipment in Part X, line 10? #"Yes," complete Schedule D, Part VII Did the organization report an amount for investments - other securities in Part X, line 10? #"Yes," complete Schedule D, Part VII Did the organization report an amount for investments - proprair related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? #"Yes," complete Schedule D, Part VIII 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? #"Yes," complete Schedule D, Part VIII 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? #"Yes," complete Schedule D, Part VIII 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? #"Yes," complete Schedule D, Part X IIII Did t		during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 I Did the organization reserves or hold a consensation easement, including easements to preserve open space, the environment, historic land areas, or histons structures? If "Yes," complete Schedule D, Part II I B Did the organization report an amount in Part X, ine 21, for escrow or custodial account liability, 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 Did the organization report an amount for investments or years, "the complete Schedule D, Part V II if the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - organization report an amount for investments - organization amount for investments - organization in Part X, line 16° If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - organization report an amount for investments - organization assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII Did the organization report an amount for where assets in Part X, line 15° If "Yes," complete Schedule D, Part X Did the organization shalphility for uncertain tax positions under FIN 48 (ASC 740)" If "Yes," complete Schedule D, Part X Did the organization shalphility for uncertain tax positions under FIN 48 (ASC 740)" If "Yes," complete Schedule D, Part X Did the organization shalphility for uncertain tax positions under FIN 48 (ASC 740)" If "Yes," complete Schedule D, Part X Did Did the organization shalphility for uncertain and report of the satisfaction of the addresses the organization shalphility for uncertain and report of the satisfaction shal	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instructivers? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Did the organization (Part V) or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments: program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other installities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other installities 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 VIII Did the organization report an amount for other installities 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 X III III X 2 Did the organization report an amount for other installities 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 X III III	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to]		
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B Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? # "Yes," complete Schedule D, Part IV Did the organization, for through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? # "Yes," complete Schedule D, Part V III If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IVII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part VIII 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? # "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments for the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? # "Yes," complete Schedule D, Part X III Did the organization report an amount for other liabilities in Part X, line 15? # "yes," complete Schedule D, Part X III Did the organization obtain separate, independent audited financial statements for the tax year? # "Yes," complete Schedule D, Part X III Did the organization absorbed described in section 170(b)(10/b)? # "Yes," complete Schedule D, Part X III Did the organization included in consolidated, independent audited financial statements for the tax year? # "Yes," complete Schedule F, Parts I and IV III Did the organization report on Pa	7				
Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization report an amount for line following questions is "Yes," then complete Schedule D, Part VI Did the organization report an amount for investments other securities in Part X, line 10° If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments of the rescurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets 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 X in Part X, line 16° If "Yes," complete Schedule D, Part X in Part X, line 16° If "Yes," complete Schedule D, Part X in Part X, line 16° If "Yes," complete Schedule D, Part X in Part X, line 16° If "Yes," complete Schedule D, Part X in Part X, line 16° If "Yes," complete Schedule D, Part X in Part X, line 16° If "Yes," complete Schedule D, Part X in Part X, line 16° If "Yes," complete Schedule D, Part X in Part X, line 16° If "Yes," complete Schedule D, Part X in Part X, line 16° If "Yes," complete Schedule D, Part X in Part X, line 16° If Yes, "complete Schedule D, Part X in Part X, line 16° If Yes, "complete Schedule D, Part X in Part X, line 16° If Yes, "complete Schedule D, Part X in Part X, line 16° If Yes, "complete		·	7_		<u> </u>
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Schedule D, Parts XI and XII 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 and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 4a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part III 18 X Expendit Parts XI and XIII and IV Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part III 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part III	2a	·			
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9 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	8		ایرا	. ,	
complete Schedule G. Part III	^		18		
	Ą		40	ļ	Y
	_	COMDIETE SCREDUIE G. Part III		990 /	

732003 11-28-17

UNITED WAY OF INDIAN RIVER COUNTY, INC. 59-1087090 Form 990 (2017) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes, " complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III X 22 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 X 23 Schedule J 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 Х 24a Schedule K If "No", go to line 25a 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х 25b Schedule L. Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L. Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 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) X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? X 31

If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V. line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, 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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2017)

X

Х

X

Х

Х

32

33

34

35a

35b

36

37

X

Form **990** (2017)

14a

X

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 82.8b or 10b below, describe the circumstances, processes, or changes in School via O. See instructions

	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 or note to any line in this Part VI		_	X				
<u>Sec</u>	tion 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 2	4						
	If there are material differences in voting rights among members of the governing body, or if the governing			ļ				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			}				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	1		}				
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		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	-	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	 	<u> </u>					
, u	more members of the governing body?	7a		Х				
b		/ <u>"</u>						
U	persons other than the governing body?	7b		х				
		70						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	Х					
a	The governing body?	_	X					
ь	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х				
500	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Λ				
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Tv					
40-	Did the average have lead sheet in his selection with the O	T40-	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?	10a		Λ				
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b						
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	,, g	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	 ^ -					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40.	x					
40	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14						
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?	45	v					
	The organization's CEO, Executive Director, or top management official	15a	X					
D	Other officers or key employees of the organization	15b	X	سنجيل				
40	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	10		Х				
	taxable entity during the year?	16a						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
	tion 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 (Section 501(c)(3)s only)	ıvaılabl	е					
	for public inspection. Indicate how you made these available. Check all that apply							
	X Own website X Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	MICHAEL KINT - 772-567-8900							
_	1836 14TH AVE, VERO BEACH, FL 32960							

Form 990 (2017 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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

Officer and box if fictinal and organization	on nor any related	7 : 3				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Toolor, or tradice	
(A)	(B)	l			C)			(D)	(E)	(F)
Name and Title	Average	(do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss pe	rson 1	s both	an	compensation	compensation	amount of
	week	⊢	Cei aii		II ECIC	17003	T	from	from related	other
	(list any	recto						the organization	organizations	compensation
	hours for related	9 0	tee]	sated		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		e l	шьеш		(***2/1033***********************************		and related
	below	Individual trustee or director	nstitutional trustee	_	Key employee	Highest compensated employee	 =			organizations
	line)	ndtv	institu	Officer	Key e	age a	Former			
(1) JEFF SMITH	3.50									
CHAIRMAN		х		X				0.	0.	0.
(2) MARGO LIND	3.50									
TREASURER		X		Х				0.	0.	0.
(3) JEFFREY PETERSEN	3.50							_		
SECRETARY		х		X				0.	0.	0.
(4) JEFFREY SCHLITT	3.50									
FORMER SECRETARY/CHAIR ELECT		x		Х				0.	0.	0.
(5) SUSAN ADAMS	3.50									
FORMER CHAIR		х		Х				0.	0.	0.
(6) LINDA KINCHEN	1.00									
BOARD MEMBER	· ·	х						0.	0.	0.
(7) ALAN S. POLACKWICH, SR.	1.00									
BOARD MEMBER		x						0.	0.	0.
(8) JAN BECK	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) DR. DAVID BECKER	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) COLONEL MARTIN ZICKERT	1.00									
BOARD MEMBER		x						0.	0.	0.
(11) JOHN F. BECKERT	1.00									
BOARD MEMBER		\mathbf{x}						0.	0.	0.
(12) E. FRED AUGENSTEIN	1.00									. —
BOARD MEMBER		Х						0.	0.	0.
(13) MIRANDA HAWKER	1.00								-	
BOARD MEMBER		X						0.	0.	0.
(14) KATIE KIRK	1.00							·		
BOARD MEMBER		X						0.		0.
(15) BETH MITCHELL	1.00							· <u> </u>		
BOARD MEMBER		X			L_			0.	0.	0.
(16) JONATHAN SCHWIERING	1.00									
BOARD MEMBER		X]					0.	0.	0.
(17) GREGORY ROGOLINO	1.00									
BOARD MEMBER		Х						0.	0.	0.

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Form **990** (2017)

(A)

Name and title

(18) CHRISTOPHER BIEBER

(19) ANTHONY P. GUETTLER

(20) DR. KATIE NALL

(21) DR. MARK RENDELL

(22) REVEREND BENNY RHYANT

(24) MAJOR ERIC FLOWERS

(23) JACQUELINE E. JACOBS PHD

d Total (add lines 1b and 1c)

Section B. Independent Contractors

c Total from continuation sheets to Part VII, Section A

line 1a? If "Yes," complete Schedule J for such individual

compensation from the organization

BOARD MEMBER

BOARD MEMBER (26) ERIN GRALL

BOARD MEMBER

3

1b Sub-total

(25) RANDY RILEY

(C)

Position

(do not check more than one

box, unless person is both an officer and a director/trustee)

(ey employee

(D)

Reportable

compensation

from

the

organization

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

1.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

rendered to the organization? If "Yes." complete Schedule J for such person

(A) Name and business address ndividual trustee or director

X

X

Х

Х

X

X

NONE

nstitutional trustee

SECTION A CONTINUATION SHEETS SEE PART 732008 11-28-17

CITEDEC	000
SHEETS	Form 990 (2017)

2017.05010 UNITED WAY OF INDIAN RIVE 427511.1

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			Q		

\$100,000 of compensation from the organization

Form 990 UNITED WA			_			_			<u> 59-108</u>	7090
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee			ligh	est (Compensated Employ		
· (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Ι.,	Position (check all that apply)					Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	ly)	compensation	compensation from related	amount of
	per week					a		from the	organizations	other compensation
	(list any	cto		ŀ		yoldu		organization	(W-2/1099-MISC)	from the
	hours for	e dire				ted er		(W-2/1099-MISC)	`	organization
	related	stee	Iruste		8	pensa				and related
	organizations below	ual tru	ionali		ptoye	t com				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former			
(27) JENNIFER PESHKE	1.00	-	_	H	-	<u> </u>	_			
BOARD MEMBER	1.00	x	ĺ '					O.	0.	0
(28) KARL WILLIAMS	1.00	71				_				
BOARD MEMBER	1.00	x						0.	0.	0
(29) TOR JONES	1.00									
BOARD MEMBER		x						0.	0.	0
(30) MICHAEL W. KINT	39.00									
CEO	1.00			х				99,881.	0.	18,867
								_		<u> </u>
										
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	—	\vdash		\dashv		\dashv				
	<u> </u>									

	,	 Check if Schedule O con	staine a reenonee	or note to any lir	ne in this Part VIII			
$\overline{}$		Check ii Scheddle O con	tains a response	of flote to arry in	(A)	(B)	(C)	(D)
1					Total revenue	Related or	Unrelated	I Revenue excluded
						exempt function	business	from tax under sections
L						revenue	revenue	sections 512 - 514
ts st	1 a	Federated campaigns	1a					
ra z	t	Membership dues	1b		j	ĺ		ľ
و ت		Fundraising events	1c	43,482.				
ifts	، ا	Related organizations	1d	61,353.	1			
0 :	ءِ ا	Government grants (contribu	<u> </u>		1			
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, gra	· -		1			[
e E	٠.	similar amounts not included abo		674 464		1		
E \$	_		JVE IT JZ,	674,464. 55,297.	-			
50	٤	Noncash contributions included in lines	; 1a-1f \$	33,231	2,779,299.			
<u>0</u> 8	<u> </u>	Total. Add lines 1a-1f						
				Business Code				
e	2 a	·						ļ — — — —
ē Š	l t							
S	c	:						
e a	c							
Program Service Revenue	e							
F.	f	All other program service revi	enue					
		Total. Add lines 2a-2f	,					
	3	Investment income (including	dividends intere					
	١	other similar amounts)	, aividends, intere	St, and ▶	40,078.			40,078.
		,	aa b a a d	-	10,0700	-		10,0,0.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		P				
i			(ı) Real	(II) Personal]
	6 a							
	b	Less rental expenses	 					
	C	Rental income or (loss)						
	d	Net rental income or (loss)		> _				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	195,771.					
	b	Less cost or other basis						
		and sales expenses	164,024.					
	c	Gain or (loss)	31,747.		1			
		Net gain or (loss)			31,747.			31,747.
		Gross income from fundraisir	na evente (not		= / . =			, , , , , , , , , , , ,
ne			182. of					
/en								
Other Revenu		contributions reported on line		E4 214				
er		Part IV, line 18	a	54,314.	1]		
돌		Less direct expenses	b	4/,141.	7 102	·		7 102
		Net income or (loss) from fun	-		7,193.			7,193.
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	a		ł			
	b	Less. direct expenses	b					
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
- 1		and allowances	а	ĺ				
	b	Less cost of goods sold	b					
		Net income or (loss) from sale	-					
	<u>`</u>	Miscellaneous Revenu		Business Code				
1	44 ^	REFUNDS & REIME		900099	6,519.	6,519.		
		RENTAL INCOME	CRUBBIN	900099	4,800.	4,800.		
l				300033	4,000.	7,000.		
	С			<u> </u>	 	 		
		All other revenue	,		11 31 0			
	е	Total. Add lines 11a-11d			11,319.	44 040		
	12	Total revenue. See instructions			2,869,636.	11,319.	0.	79.018.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D)** Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII expenses Grants and other assistance to domestic organizations 2,194,288. 2,194,288. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 20,558. 20,558. individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 103,000. 50,814. 22,478. 29,708. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 475,051. 234,367. 103,673. 137,011. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 71,789. 35,074 15,815. 20,900. 9 Other employee benefits 45,308. 22,350. 9,889. 13,069. 10 Payroll taxes Fees for services (non-employees) a Management b Legal 12,700. 6,205. 2,798. 3,697. c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 46,219. 38,200. 8,019. Advertising and promotion 12 54,446. 13,280. 3,430. 37,736 13 Office expenses Information technology 14 15 Royalties 34,549. 22,842. 5,384. 6,323. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,796. 2,900. 4,393. 15,089. 19 Conferences, conventions, and meetings Interest 20 32,356. 16,232. 6,948. 9.176. 21 Payments to affiliates 43,175. 32,381. 5,613. 5,181. Depreciation, depletion, and amortization 22 19,612. 14,709. 2,550. 2,353. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) 24 amount, list line 24e expenses on Schedule O.) 23,578. 24,057. 47,635. EVENTS / FUND RAISING E 9,690. 1,512. b REPAIRS - BLDG/GROUNDS 12,840. 1,638. c BANK & CREDIT CARD FEES 12,820. 876. 11,421. 523. 6,523. d COMMUNITY LEADERS BREAK 2,349. 4.174. 14,476.6,552. 8,934. 29,962. e All other expenses 3,277,920. 2,760,065. 201,089. 316,766. Total functional expenses Add lines 1 through 24e _25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 506,238. 489.829. 1 1 Cash - non-interest-bearing 1,279,941. 1,387,520. 2 2 Savings and temporary cash investments 529,790. 464,238. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other 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 instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 Inventories for sale or use 8 25,678. 31,038. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,434,874. basis Complete Part VI of Schedule D 10a 948,779. 486,095. 986,520. b Less accumulated depreciation 10b 10c 1,114,989. 1,029,441. 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 146,402. 148,577. 15 Other assets See Part IV, line 11 15 4,697,137. 4,391,843. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 40,618. 17 81,947 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 1,928. 25,906. 25 Schedule D 42,546. 107,853. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances 1,590,936. 1,328,334. 27 Unrestricted net assets 27 3,063,655. 2,955,656. 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds Set 4,654,591. 4,283,990. 33 33 Total net assets or fund balances 4,697,137. 4,391,843. 34 Total liabilities and net assets/fund balances

Form	1 990 (2017) UNITED WAY OF INDIAN RIVER COUNTY, INC.	<u>5</u> 9-1	087090	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>2</u> ,86	9,6	36.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,27	7,9	20.
3	Revenue less expenses Subtract line 2 from line 1			84.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,65	4,5	91.
5	Net unrealized gains (losses) on investments	5	3	7,6	83.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,28	3 <u>,9</u>	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ [Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)			لييا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ļ		
	separate basis, consolidated basis, or both		i		
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		Ш
b	Were the organization's financial statements audited by an independent accountant?		2b	X_	Щ,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	İ		1 1
	consolidated basis, or both Separate basis Separate basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

732012 11-28-17

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Rublic Finspection

Name of the organization

Employer identification number

li Barrio	UNI I	Observe Observe	INDIAN KIVEK	COON.	11, 11	NC.	13-100/030				
<u>Partil</u>	Reason for Public	Charity Status	All organizations must co	omplete th	ıs part) Sı	ee instructions					
The orga	anization is not a private found	dation because it is (For lines 1 through 12, c	heck only	one box.)		_				
1 🗀	A church, convention of ch	nurches, or association	on of churches described	ın sectio	n 170(b)(1)(A)(i).	07				
2	A school described in sec	tion 170(b)(1)(A)(iı).	(Attach Schedule E (Forn	n 990 or 99	90 EZ).)		r) 1				
з 🗀	A hospital or a cooperative					ir).					
7 =	A medical research organiz	•			·•	•	the hospital's name				
-	_	zation operated in co	njunction with a nospital	acsonbea	111 3couc	ii iro(b)(i)(A)(iii). Littei	the hospital s hame,				
	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 X		ally receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from the general	public described in				
	section 170(b)(1)(A)(vi). (0	Complete Part II)									
8 🗌	A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)							
9 🗌	An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college				
	or university or a non-land-										
	university	gram comege at agme				,	. .				
10	An organization that norma	ally receives (1) more	than 33 1/3% of its sum	ort from c	ontributio	ne memberehin fees ar	nd aross receipts from				
	=	-									
	activities related to its exer										
	income and unrelated busi		(less section 5) I tax) fro	ım busines	ses acqui	red by the organization a	mer June 30, 1975.				
	See section 509(a)(2). (Co										
11 📙	An organization organized	•	•	•		* ** *					
12	An organization organized	and operated exclusi	ively for the benefit of, to	perform ti	ne functio	ns of, or to carry out the	purposes of one or				
	more publicly supported o	rganizations describe	d in section 509(a)(1) o	r section :	509(a)(2)	See section 509(a)(3).	Check the box in				
_	lines 12a through 12d that	describes the type of	f supporting organization	and comp	olete lines	12e, 12f, and 12g					
а	Type I. A supporting org	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving				
	the supported organizati	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting				
	organization You must	complete Part IV, Se	ections A and B.								
ь	Type II. A supporting org	· ·		ion with its	s supporte	ed organization(s), by hav	/ina				
	control or management	-					-				
	organization(s) You must			ano poroc		into or manage the cop	50.100				
٦ ٦		•		ın connoct	uon wath	and functionally integrate	od wath				
c L	Type III functionally inte	· · · · · · · · · · · · · · · ·					eu witti,				
	its supported organization		,		•						
d L	Type III non-functionall	· · · · · · · · · · · · · · · · · · ·		_		· · · · · · · · · · · · · · ·					
	that is not functionally in	tegrated The organiz	zation generally must sati	isfy a distri	ibution red	quirement and an attenti	veness				
_	requirement (see instruct	tions) You must cor	nplete Part IV, Sections	A and D,	and Part	V.					
e L	Check this box if the org	anization received a v	written determination froi	m the IRS	that it is a	Type I, Type II, Type III					
	functionally integrated, o	r Type III non-function	nally integrated supportir	ng organiza	ation						
f Er	ter the number of supported	organizations									
g Pr	ovide the following informatio	n about the supporte	d organization(s).								
	(i) Name of supported	(II) EIN	(III) Type of organization	(iv) Is the orga in your governi	nization listed no document?	(v) Amount of monetary	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
			above (abo motractione)		_						
		-									
-		 					 				
											
		 									
		Ļ									
Total		再译的教授的	成为外国山野市基础	网络种种	经验的						

Schedule A (Form 990 or 990 EZ) 2017 UNITED WAY OF INDIAN RIVER COUNTY, INC. 59-1087090 Page 2 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					-	
	membership fees received. (Do not						
	include any "unusual grants ")	2575962.	2763851.	2840608.	2820501.	2779299.	13780221.
2	Tax revenues levied for the organ-						
	ization'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	2575962.	2763851.	2840608.	2820501.	2779299.	13780221.
5	The portion of total contributions						1
	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)						840,716.
6	Public support. Subtract line 5 from line 4			· ·			12939505.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	2575962.	2763851.	2840608.	2820501.	2779299.	13780221.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	ļ					J
	and income from similar sources	19,298.	20,004.	31,147.	35,541.	40,078.	146,068.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	İ					
10	Other income Do not include gain				-		
	or loss from the sale of capital						
	assets (Explain in Part VI)	31,535.	32,041.	60,385.	69,512.	54,314.	247,787.
11	Total support. Add lines 7 through 10						14174076.
	Gross receipts from related activities,	etc (see instructio	ns)			12	
	First five years. If the Form 990 is for	•	•	l, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					ightharpoonup
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2017 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	91.29 %
15	Public support percentage from 2016	Schedule A, Part I	I, line 14		Į	15	91.76 %
16a	33 1/3% support test - 2017. If the o	rganization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	x and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				ightharpoons X
b	33 1/3% support test - 2016. If the o	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			ightharpoons
17a	10% -facts-and-circumstances test	- 2017 . If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fact	s-and-circumstanc	es" test, check the	s box and stop h	ere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances" t	est The organizati	ion qualifies as a p	ublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	- 2016. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circum	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	•
	organization meets the "facts-and-circle						ightharpoons
18	Private foundation. If the organization		-				 ▶□
						dule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2017 [Part III Support Schedule for	JNITED WAY Organizations	OF INDIA	N RIVER Co	OUNTY, INC	59-10	87090 Page 3
(Complete only if you checked	•			• •	art II If the organ	zation fails to
qualify under the tests listed t	1			10 400, 000		
Section A. Public Support	produce com	1				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
1 Gifts, grants, contributions, and	(4) 20.0	1 10723	(0/==-0	1. 197=3.5		
membership fees received (Do not		\				
include any "unusual grants ")						
2 Gross receipts from admissions,			 			
merchandise sold or services per- formed, 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 bus-	ĺ	\	1			
iness under section 513		\				
4 Tax revenues levied for the organ-		1		1		
ization's benefit and either paid to		\				
or expended on its behalf	}		1	1		
5 The value of services or facilities			 	_		
furnished by a governmental unit to						
the organization without charge						
•			 X 	 -		
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		 	<i>*</i>			
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)		1		\		
Section B. Total Support		/	-			
	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in) 9 Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in) 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	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in) 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	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in) 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	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10 a 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	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in) 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 VI)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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Schedule A (Form 990 or 990-EZ) 2017 UNITED WAY OF INDIAN RIVER COUNTY, INC. 59-1087090 Page 4 Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes

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Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ł	}	
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>		
	supervised, or controlled the supporting organization.	2	L	i
<u> 5ec</u>	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}		1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ľ
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
	The organization satisfied the Activities Test Complete line 2 below	,		
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see institution Task Arrange (1) and (1) a	uctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			İ
	the supported organization(s) to which the organization was responsive? If "Yes," then In Part VI identify			İ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	I Tue. Mesonibe III . 445 the fole bleved by the Granization III this federal.			

Schedule A (Form 990 or 990-EZ) 2017 UNITED WAY OF INDIAN RIVER COUNTY, INC. 59-1087090 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) Add lines 1 through 3 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for pnor year (from Section A, line 8, Column A) Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2017

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

<u>4</u> 5

4 Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Sche Par	dule A (Form 990 or 990 EZ) 2017 UNITED WAY OF	INDIAN RIVER (a)(3) Supporting Orga	COUNTY, INC. 5 nizations (continued)	9-1087090 Page 7						
Secti	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exer	mpt purposes								
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported								
organizations, in excess of income from activity										
3_	Administrative expenses paid to accomplish exempt purpose									
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6_	Other distributions (describe in Part VI) See instructions									
7_	Total annual distributions. Add lines 1 through 6									
8	Distributions to attentive supported organizations to which the	ne organization is responsive								
	(provide details in Part VI) See instructions									
9_	Distributable amount for 2017 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017						
1	Distributable amount for 2017 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2017 (reason-	· · · · · · · · · · · · · · · · · · ·								
	able cause required-explain in Part VI) See instructions									
3	Excess distributions carryover, if any, to 2017									
_ <u>a</u>										
b_	From 2013									
c	From 2014									
d	From 2015									
e_	From 2016									
_ <u>f</u>	Total of lines 3a through e									
<u>g</u>	Applied to underdistributions of prior years									
<u>_h</u>	Applied to 2017 distributable amount		<u> </u>							
<u>i</u>	Carryover from 2012 not applied (see instructions)									
i	Remainder Subtract lines 3g, 3h, and 3i from 3f									
4	Distributions for 2017 from Section D, line 7 \$		•							
	Applied to underdistributions of prior years									
	Applied to 2017 distributable amount									
c	Remainder Subtract lines 4a and 4b from 4									
	Remaining underdistributions for years prior to 2017, if		-							
	any Subtract lines 3g and 4a from line 2 For result greater									
	than zero, explain in Part VI. See instructions									
6	Remaining underdistributions for 2017 Subtract lines 3h									
	and 4b from line 1 For result greater than zero, explain in									
	Part VI See instructions		·							
7	Excess distributions carryover to 2018. Add lines 3j									
	and 4c									
8	Breakdown of line 7									
<u>a</u>	Excess from 2013									
_ <u>b</u>	Excess from 2014									
_ <u>c</u>	Excess from 2015									
<u>d</u>	Excess from 2016									
		·	i	r ł						

Schedule A (Form 990 or 990 EZ) 2017 UNITED WAY OF INDIAN RIVER COUNTY, INC. 59-1087090 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12,
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING EVENTS
2013 AMOUNT: \$ 31,535.
2014 AMOUNT: \$ 32,041.
2015 AMOUNT: \$ 60,385.
2016 AMOUNT: \$ 69,512.
2017 AMOUNT: \$ 54,314.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public.

Name of the organization

UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number 59-1087090

ĮΡa	rtil Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advise	ed 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 a	dvisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferring
-	impermissible private benefit?		Yes No
<u>P</u> a	Conservation Easements. Complete if the or		art IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	• •	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	* *	C7., C7.,
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easements during the year
-	Amount of expenses incurred in monitoring, inspecting, hand	lling of welstrong and enforcing consequent	on accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and emorcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) abov	e eatisfy the requirements of section 170/h	\/4\/B\/\\
Ü	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 17 of	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	
Ŭ	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	ion o manolal statemente that geometry	is organization o accounting to
Pa	tilli Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	lic service, provide the following amounts
	relating to these items		
	(i) Revenue included on 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 trea	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		. > \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2017

		WAY OF IND						<u>59-10</u>			ge 2
Pa	Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	are a sig	jnificant ι	ise of its c	ollection	ıtems	
	(check all that apply)		_		·						
a	Public exhibition	d			hange progra	ıms					
b	Scholarly research	е	ш	Other							
C	Preservation for future generations							D -	VIII		
4	Provide a description of the organization's co	•		-	=			se in Part	XIII		
5	During the year, did the organization solicit of					r sımılar i	assets		Yes	\Box	No
Par	to be sold to raise funds rather than to be martilly Escrow and Custodial Arran					Voc" on	Form 990	. Port IV			INO
	reported an amount on Form 990, Pa		31 0 11 1110	Olyanizatio	ii alisweleu	res un	roiii 990	, raitiv,	iii ie 9, 0i		
	Is the organization an agent, trustee, custodi		any for (contributions	or other ass	ets not in	ncluded				
	on Form 990, Part X?	an or other intermed	idiy ioi v		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	010110111	loladea		Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowina t	able.							
_	ree, explain the analygement in rate with	and dompides and its							Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	stodial accou	ınt liabilit	ty?		Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par	Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10	0		, 		
		(a) Current year		Prior year	(c) Two year			<u>/ears back</u>	(e) Four		
1a	Beginning of year balance	3,649,494.	3	,383,208.	3,463			80,646.	2,	749,0	
b	Contributions	66,674.		25,788.		,680.		98,484.		28,5	
	Net investment earnings, gains, and losses	330,765.		419,121.	-8	,227.		51,610.		437,8	<u>50.</u>
	Grants or scholarships										
е	Other expenditures for facilities	170 200		170 (22	177			(2 (17		124 0	0.4
_	and programs	179,390.		178,622.	1//	,148.		63,617.		134,8	U4.
f	Administrative expenses	2 067 542	2	640 405	2 202	,208.	3.4	62 002		080,6	16
g	End of year balance	3,867,543.		,649,495.		, 200.	3,4	63,903.],	080,6	40.
2	Provide the estimated percentage of the curr	58.14	e (line Tg %	y, column (a)	neid as						
a	Board designated or quasi-endowment ► Permanent endowment ► 38.60	%	_70								
		3.26 %									
·	The percentages on lines 2a, 2b, and 2c short										
За	Are there endowment funds not in the posse		tion tha	t are held an	d administere	ed for the	e organiza	ation			
	by						· g		Γ	Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations								3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on So	chedule R?					3b	Х	
_4	Describe in Part XIII the intended uses of the		vment f	unds							
<u>P</u> ar	t.VI■ Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a S	ee Form 990,	Part X, II	ine 10				
	Description of property	(a) Cost or of		(b) Cost			cumulate	ed	(d) Book	value	
		basis (investm	nent)	basis (dep	reciation	_			_
1a	Land		-		0,000.					,00	
b	Buildings				4,467.	3	48,3			14	
	Leasehold improvements		_		4,664.		16,40			1,19	
	Equipment			14	5,743.	1	.21,3	18.		,43	<u>ə .</u>
	Other							\leftarrow	040		_
Total	. Add lines 1a through 1e (Column (d) must e	oual Form 990. Part)	C. colum	n (B). line 10)c.)	<u></u>			948	77	y .

732053 10-09-17

Schedule D (Form 990) 2017

	dule D (Form 990) 2017 UNITED WAY OF INDIAN RIVER INDIAN		59-1087090 Page 4
Pa	· ·	· ·	etui ii.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a	1 3,096,119.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12.		7 3,030,113.
2 a	Net unrealized gains (losses) on investments	_{2a} 37,683.	
b	Donated services and use of facilities	2b 188,800.	_
c	Recoveries of prior year grants	2c	7,
d	Other (Describe in Part XIII)	2d	7
е	Add lines 2a through 2d		2e 226,483.
3	Subtract line 2e from line 1		3 2,869,636.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u>.</u>
b	Other (Describe in Part XIII)	4b	-
С	Add lines 4a and 4b		4c 0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	tomonto With Evnonces nor	5 2,869,636.
Ра	t XII Reconciliation of Expenses per Audited Financial Sta		neturn.
_	Complete if the organization answered "Yes" on Form 990, Part IV, lin	E 12d	1 3,466,720.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25		1 3, 400, 720.
a	Donated services and use of facilities	_{2a} 188,800.	.[
a b	Prior year adjustments	2b	7 I
c	Other losses	2c	7
d	Other (Describe in Part XIII)	2d]
е	Add lines 2a through 2d	-	2e 188,800.
3	Subtract line 2e from line 1		3 3,277,920.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII)	4b	+
С	Add lines 4a and 4b		4c 0. 5 3,277,920.
5 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	3.)	5 3,277,920.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	Part IV lines 1h and 2h Part V line	4 Part Y line 2 Part YI
	ee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		4, Fait A, line 2, Fait Ai,
111163	20 and 40, and 1 art Air, lines 20 and 40 Also complete tims part to provide an	y additional information	
PAI	TV, LINE 4:		
THI	: ENDOWMENT FUNDS ARE HELD AND ADMINISTE	RED BY THE UNITED V	WAY FOUNDATION
OF	INDIAN RIVER COUNTY. THE INTENDED USE C	OF THE FUNDS IS TO S	SUPPORT UNITED
WA	PARTNER AGENCY PROGRAMMING AND OTHER O	COMMUNITY NEEDS AS I	DETERMINED BY
IINI.	TED WAY OF INDIAN RIVER COUNTY, INCLUDI	NG DIRECT SERVICES	PROVIDED BY
UN.	TED WAY OF INDIAN RIVER COUNTY, EMERGEN	CY/CRISIS AND SPEC.	IAL PROJECTS
GRA	NTS, DISASTER RELIEF, AND OTHER UNITED	WAY INITIATIVES IN	INDIAN RIVER
COT	NTY.		
PAI	T X, LINE 2:		
UW	RC AND THE FOUNDATION ARE BOTH NOT-FOR-	PROFIT ORGANIZATION	NS EXEMPT FROM
INC	RC AND THE FOUNDATION ARE BOTH NOT-FOR- COME TAXES UNDER SECTION 501(C)(3) OF THE		

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" on Form 990, Part IV, line 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.

201/

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Go to www.irs.gov/Form990 for the latest instructions.

Employer identification number

UNITED	WAY OF	INDIAN	RIVE	R CO	<u>יעטכ</u>	ΓY,	INC.		<u>59-1087</u>	090
Part I Fundraising Activities required to complete this pa	Complete if							line 17	Form 990-EZ	filers are not
Indicate whether the organization ra a	or oral agreer Part VII) or ent Ividuals or ent	e f g ment with any itity in connectitities (fundraise	Solicitat Solicitat Special Individual Ion with pr	tion of tion of fundra (includ	non-g gover asing ling of onal fi	overnr nment events ficers, undrais	nent grants grants directors, trus sing services?		Yes	 : -
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		(iii) fundi have c or con contrib	ustody itrol of		ross receipts om activity	to (or	mount paid retained by) indraiser id in col (i)	(vi) Amount paid to (or retained by) organization
				Yes	No					
	<u> </u>									
		<u>. </u>								
			<u> </u>							
								-		
	<u> </u>									
-	<u></u>									
Total 3 List all states in which the organizate or licensing	on is registere	ed or licensed t	to solicit c	ontrib	▶ utions	or has	been notified	ıt ıs ex	empt from re	gistration
or licerising					-					
-	<u> </u>						_			
-										
									<u>_</u>	
										

Schedule G (Form 990 or 990-EZ) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	nedu arti	le G (Form 990 or 990 EZ) 2017 UNITED Fundraising Events. Complete if the	WAY OF INDIA	N RIVER COUNT	Y, INC. 59-	1087090 Page 2
		of fundraising event contributions and gre	=			
_			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			JACKIE	GOLF		(add col (a) through
			ROBINSON CEL	TOURNAMENT	1	col. (c))
o o			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	44,206.	29,462.	24,128.	97,796.
_	2	Less Contributions	19,300.	24,182.		43,482.
	3	Gross income (line 1 minus line 2)	24,906.	5,280.	24,128.	54,314.
	4	Cash prizes				
v	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	21,402.	11,749.	13,970.	47,121.
	10	Direct expense summary Add lines 4 through	9 ın column (d)		>	47,121.
_		Net income summary Subtract line 10 from li				7,193.
Re	art I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a	<u></u>	(h.) Dull tobe (notest		(d) Tabil some (add
e	ĺ		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
Revenue				- gorprogramme ange		(a)ag (a)
æ	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs			<u> </u>	
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% No	☐ Yes % ☐ No	
	7	Direct expense summary Add lines 2 through	5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)	<u> </u>	__ _	
_						
		er the state(s) in which the organization condu	• • –			Yes No
		he organization licensed to conduct gaming ac No," explain				
						
		re any of the organization's gaming licenses re	· ·		ear?	Yes No
	_					
73208	32 09-	-13-17	_		Schedule G (For	m 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 UNITED WAY OF INDIAN RIVER COUNTY, INC.	59-1087090 Page 3
11 Does the organization conduct 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	<u></u>
to administer charitable gaming?	、 🔲 Yes 🔲 No
13 Indicate the percentage of gaming activity conducted 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 reco	rds ·
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 an	nount
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 ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Part III, lines 9, 9b, 10b, 15b,
~ · · · · · · · · · · · · · · · · · · ·	
	

Schedule G	(Form 990 o	r 990-EZ)	UNITED	WAY	OF	INDIAN	RIVER	COUNTY,	INC.	<u>59-1087090</u>	Page 4
Part IV	Supplem	ental Infor	UNITED mation (con	tinued)							
·	<u>-</u> -		100.1	Lii Tuuuy							
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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

ջ Employer identification number 59-1087090 (h) Purpose of grant HOMELESS ASSISTANCE or assistance EMERGENCY SERVICES EMERGENCY SERVICES YOUTH DEVELOPMENT YOUTH DEVELOPMENT X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. 。 ٥. ٠. 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed INC. .000 35,000, 95,000, 000 89 (d) Amount of 55,000 cash grant 202 UNITED WAY OF INDIAN RIVER COUNTY, (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 59-2455513 59-3623298 59-2470479 23-7153017 46-0598827 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization RIVER - 2300 FIFTH AVENUE, SUITE CENTER - 3650 41ST STREET - VERO CATHOLIC CHARITIES / SAMARITAN CHILDCARE RESOURCES OF INDIAN BIG BROTHERS BIG SISTERS or government FORT PIERCE, FL 34950 VERO BEACH, FL 32960 125 NORTH 2ND STREET VERO BEACH, FL 32960 BOYS AND GIRLS CLUB Name of the organization AMERICAN RED CROSS LANTANA, PL 33465 2506 17TH AVENUE BEACH, FL 32967 2-1-1 HELPLINE 2926 PIPER DR. P.O. BOX 3588 Part 113 Part I

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

V FOR COLUMN (A) DESCRIPTIONS

732101 11-01-17

LHA

Schedule I (Form 990) (2017)

YOUTH DEVELOPMENT

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200,000

501(C)(3)

65-0523165

149 - VERO BEACH, FL 32960

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	(Schedule I (Form 990), Part II)
, INC.	in the United States
RIVER COUNTY,	Organizations
AN RIVER	vernments and
OF INDIAN	stance to Go
WAY	ther Assi
UNITED WAY OF INDIAN F	of Grants and O
le I (Form 990)	Continuation
Schedul	Part II

(a) Name and address of (b) EIN (c) IRC section or government of government (c) IRC section or ganization or government (d) Amount of (e) Amount of (f) Method of (f) Meth	(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
CHILDREN'S HOME SOCIETY 415 AVENUE A, SUITE 100 FORT PIERCE, FL 34950	59-0192430	501(C)(3)	77,000.	0			CHILDREN IN NEED AND TRANSITIONAL LIVING PROGRAM
CROSSOVER MISSION 1965 42ND AVENUE VERO BEACH, FL 32960	46-5125222	501(C)(3)	.000,05	.0		,	YOUTH DEVELOPMENT
DASIE HOPE CENTER 8445 64TH AVENUE WABASSO, FL 32970	02-0633089	501(C)(3)	50,000.	.0			YOUTH DEVELOPMENT
DEAF AND HARD OF HEARING SERVICES 10016 S. FEDERAL HIGHWAY PORT ST.LUCIE, FL 34952	65-0147688	501(C)(3)	12,500.	0			DEAF SERVICES
DRUG ABUSE TREATMENT ASSOCIATION 1016 NORTH CLEMONS ST., SUITE 200 JUPITER, FL 33477	59-1363887	501(C)(3)	68,475.	0.			DRUG ABUSE TREATMENT
ECONOMIC OPPORTUNITES COUNCIL OF INDIAN RIVER COUNTY - P.O. BOX 2766 - VERO BEACH, FL 32961	59-1144567	501(C)(3)	20,000.	0			POVERTY TO SELF-SUFFICIENCY TRANSITIONING
EDUCATION FOUNDATION OF INDIAN RIVER COUNTY - 2926 PIPER DRIVE - VERO BEACH, FL 32960	59-3118402	501(C)(3)	35,000.	0.			YOUTH DEVELOPMENT
EXCHANGE CLUB/CASTLE 1275 OLD DIXIE HWY VERO BEACH, FL 32960	59-2094472	501(C)(3)	119,500.	0.	a		VALUED VISITS AND SAFE FAMILIES
GIFFORD YOUTH ACHIEVEMENT CENTER 4875 43RD AVENUE VERO BEACH, FL 32967	43-1950911	, 501(c)(3)	52,500.	0			YOUTH DEVELOPMENT
							Schedule I (Form 990)

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nedule I (Form 990) UNITED WAY OF INDIAN RIVER COUNTY, INC. art II Continuation of Grants and Other Assistance to Governments and Organizations in the United States		(Schedule I (Form 990), Part II.)
WAY OF	Y, INC.	ns in the United States
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(a) Name and address of (b) EIN (c) IRC section or government or government (b) EIN (c) IRC section (d) Amount of (f) Method of (f) or saluation (f) assistance (book, FMV, appraisal, other)	(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
HIBISCUS CHILDREN'S CENTER 1145 12TH STREET VERO BEACH, FL 32960	59-2632361	501(C)(3)	35,000.	0			CAREER PATHWAYS TO
INDIAN RIVER COUNTY HEALTHY START COALITION - 1615 10TH AVENUE - VERO BEACH, FL 32960	65-0363222	501(C)(3)	110,000.	.0			SUPPORT THE FOLLOWING PROGRAMS: TLC NEWBORN PROGRAM, HEALTH FAMILIES HOME VISITING PROGRAM
KINDERGARTEN READINESS COLLABORATIVE - 1555 INDIAN RIVER BOULEVARD, SUITE B245 - VERO BEACH, FL 32960	81-0827641	501(C)(3)	20,000.	.0			SUPPORT FOR KRC PROGRAMS
LITERACY SERVICES OF I.R. COUNTY 1600 21 STREET VERO BEACH, FL 32960	59-1987210	501(C)(3)	30,500.	.0			ADULT AND FAMILY LITERACY
MENTAL HEALTH ASSOCIATION 820 37TH PLACE VERO BEACH, PL 32960	59-1693337	501(C)(3)	92,500.	0.			WALK IN CLINIC
MENTAL HEALTH COLLABORATIVE OF IRC 2345 14TH AVENUE, SUITE 5 VERO BEACH, FL 32960	81-3960111	501(C)(3)	45,000.	0.			MENTAL HEALTH CARE
REDLANDS CHRISTIAN MIGRANT ASSOCIATION - P.O. BOX 369 - FELLSMERE, FL 32948	59-1221966	501(C)(3)	23,532.	0.			SCHOOL READINESS AND SUBSIDIZED CHILD CARE
SAFESPACE P.O. BOX 2822 VERO BEACH, FL 32961	59-1983994	501(C)(3)	91,249.	0			DOMESTIC VIOLENCE PREVENTION
SCHOOL DISTRICT OF INDIAN RIVER COUNTY - 6500 57TH STREET - VERO BEACH, FL 32967		501(C)(3)	20,000.	.0			YOUTH DEVELOPMENT
							Schedule I (Form 990)

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chedule I (Form 990)	Part II Continuation

(a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	(c) IRC section (d) Amount of cash grant non-cash (book, FMV, assistance appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR RESOURCE ASSOCIATION 694 14TH STREET VERO BEACH, PL 32960	59-1539957	501(C)(3)	134,250.	0.			SENIOR ASSISTANCE
SUBSTANCE AWARENESS COUNCIL 1507 20TH STREET VERO BEACH, FL 32960	65-0202835	501(C)(3)	30,000.	.0			DRUG ABUSE PREVENTION
THE ARC OF INDIAN RIVER COUNTY 1375 16TH AVENUE VERO BEACH, FL 32960	59-1626205	501(C)(3)	97,000.	0.	:		BEHAVIOR ANALYSIS AND SUPPORTED EMPLOYMENT
THE LEARNING ALLIANCE 2066 14TH AVENUE VERO BEACH, PL 32960	27-0725986	501(C)(3)	20,000.	.0			YOUTH DEVELOPMENT
TREASURE COAST COMMUNITY HEALTH 1555 US HWY 1, STE 105 VERO BEACH, PL 32960	59-3219191	501(C)(3)	30,000.	0			DENTAL SERVICES
TREASURE COAST FOOD BANK 3051 INDUSTRIAL 25TH STREET FORT PIERCE, FL 34946	65-0123281	501(C)(3)	60,000.	.0			FOOD PROGRAM AND OUTREACH
TREASURE COAST HOMELESS SERVICES COUNCIL - 2525 ST.LUCIE AVENUE - VERO BEACH, FL 32960	52-2254571	501(C)(3)	140,900.	0.			HOMELESS ASSISTANCE
YOUTH GUIDANCE 1028 20TH PLACE, SUITE B VERO BEACH, FL 32960	65-0017325	501(C)(3)	72,000.	.0			YOUTH DEVELOPMENT
ENVIRONMENTAL LEARNING CENTER 255 LIVE OAK DRIVE VERO BEACH, FL 32963	65-0064129	501(C)(3)	10,287.	.0			JOB SKILLS
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rari II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	Izations in the Unit	red States (Sche	dule I (Form 990), Par	()	
(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
HOPE FOR FAMILIES CENTER 720 4TH STREET VERO BEACH, FL 32962	59-3129752	501(C)(3)	42,810.	0.			HOMELESS ASSISTANCE
FIRST CHURCH OF GOD 1105 58TH AVE VERO BEACH, FL 32966	59-6505847	501(C)(3)	8,000.	0.			HURRICANE IRMA DISASTER RELIEP FUND
IRC SENIOR COLLABORATIVE 1836 14TH AVE VERO BEACH, FL 32960	83-1714542	501(C)(3)	10,000.	0.			SUPPORT FOR SENIOR COLLABORATIVE PROGRAM
UNITED WAY OF FLORIDA KEYS P.O. BOX 2143 KEY WEST, FL 33045	59-1288630	501(C)(3)	49,188.	0.			HURRICANE IRMA DISASTER RELIEF FUND
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							Schedule I (Form 990)

732241 04-01-17

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE UNITED WAY ALSO HAS ON AN ANNUAL BASIS, UNITED WAY REVIEWS FUNDED PROGRAMS THROUGH A CITIZENS Part IV. | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information INFORMATION AND ALSO BUDGET DETAIL ON BOTH THE AGENCY AND THE INDIVIDUAL THE MATERIALS REVIEWED INCLUDES BOTH NARRATIVE PROGRAM AGENCIES ALSO ANNUALLY REPORT THE RESULTS ON THE PROGRAM ٠. (d) Amount of non-cash assistance 20,558 (c) Amount of cash grant OUTCOMES WHICH WERE ESTABLISHED IN THE PRIOR YEAR. QUARTERLY MEETINGS WITH THE CEO'S OF THE AGENCIES. (b) Number of recipients 57 (a) Type of grant or assistance REVIEW PROCESS. PART I, LINE 2: PUBLIX EMERGENCY FUND PROGRAMS.

Page 2

59-1087090

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

UNITED WAY OF INDIAN RIVER COUNTY,

Schedule I (Form 990) (2017)

Part III

INC.

Schedule I (Form 990) (2017)

Schedule I (Form 990) UNITED WAY OF INDIAN RIVER COUNTY, INC. 59-108/090 Page 2 Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT:
INDIAN RIVER COUNTY HEALTHY START COALITION
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE FOLLOWING PROGRAMS: TLC
NEWBORN PROGRAM, HEALTH FAMILIES HOME VISITING PROGRAM, BELLY BEAUTIFUL,
AND PARENTS AS TEACHERS

SCHEDULE I - PART III
SCHEDULE I - PART III PUBLIX EMERGENCY FUNDS: FINANCIAL AID TO PUBLIX
EMPLOYEES WHO HAVE FALLEN ON HARD TIMES AND NEED ONE TIME ASSISTANCE.
NO PERSON RECEIVES MORE THAN \$300 PER FISCAL YEAR, UNLESS AN INCREASED
AMOUNT IS APPROVED BY THE APPLICABLE STORE MANAGER, AND THE MONEY IS
PAID DIRECTLY TO UTILITY COMPANIES, RENTAL/REAL ESTATE, ETC, IN THE
NAME OF THE EMPLOYEE.
·

SCHEDULE M (Form 990) ·

Noncash Contributions

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open To Public Inspection

Name of the organization

UNITED WAY OF INDIAN RIVER COUNTY, INC.

Employer identification number 59-1087090

Pai	rt 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 de noncash contribu	etermin		s
1	Art - Works of art		NOME CONTRIBUTES		 			
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	9	37,625.	NYSE			
10	Securities - Closely held stock							
11	Securities · Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous			<u> </u>				
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				<u> </u>			
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	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	_						
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initial	contribution, and	which isn't required to be us	sed 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 po	olicy that re	quires the review o	of any nonstandard contribu	tions?	31	X	
32a	Does the organization hire or use third parties o							
	contributions?	·				32a		<u>X</u> _
b	If "Yes," describe in Part II							
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is che	cked,		1	ł
	describe in Part II							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017	UNITED	WAY OF	INDIAN	RIVER	COUNTY,	INC.	<u>59-1087090</u>	Page 2
Part II	Supplemental	Information (b)	On. Provide the number	the information	required by	Part I, lines 30	b. 32b. and 3	3, and whether the organization of both Also com	ation
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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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	UNITED WAY OF	INDIAN RIVER	COUNTY, INC	59-1087090	Tidinibei
FORM 990, PART I	, LINE 1, DESC	RIPTION OF OF	RGANIZATION	MISSION:	
VISION: TO PROAC	TIVELY BUILD A	STRONG, HEAI	THY AND CAR	ING COMMUNITY.	
WE SUPPORT 40 PR	OGRAMS AT 31 I	OCAL HEALTH 8	HUMAN SERV	ICE AGENCIES.	
_					
FORM 990, PART V	I, SECTION B,	LINE 11B:			
FULL REVIEW BY F	INANCE COMMITT	EE WHO REPORT	S TO THE BO	ARD THE FINDINGS A	ND_
SHARE A COPY OF	THE 990				

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS, DIRECTORS, STAFF AND OTHER KEY ANNUAL CAMPAIGN VOLUNTEERS ANNUALLY SIGN A CODE OF ETHICS AND DISCLOSE CONFLICTS/POTENTIAL CONFLICTS IN WRITING. ADDITIONALLY, SHOULD OTHER CONFLICTS ARISE, ARE ASKED TO DECLARE THEM ORALLY.

SECTION B, LINE 15: FORM 990, PART VI,

AN ANNUAL REVIEW IS CONDUCTED BY THE IMMEDIATE PAST-CHAIRMAN, 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 COMPARABLE COMPENSATION DATA COMES FROM THE DISCUSSION OF FUTURE GOALS. EXECUTIVE COMPENSATION SURVEY PROVIDED BY UNITED WAY WORLDWIDE. THIS SURVEY, USUALLY INCLUDES DATA FROM SEVERAL HUNDRED LOCAL UNITED WAYS, COMPLETED EVERY TWO TO THREE YEARS. THE FINAL WRITTEN EVALUATION AND SALARY RECOMMENDATION ARE PRESENTED TO THE EXECUTIVE COMMITTEE FOR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2017

OMB No 1545-0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

INC. INDIAN RIVER COUNTY, UNITED WAY OF

Employer identification number 59-1087090

(g) Section 512(b)(13) Ŷ × controlled Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets N/A <u>e</u> status (if section Public charity 501(c)(3)) 11A Total income Exempt Code Ð section 501(C)(3) Legal domicile (state or Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) FLORIDA Primary activity Primary activity ENDOWMENT UNITED WAY FOUNDATION OF INDIAN RIVER COUNTY - 27-4180892, 1836 14TH AVENUE, VERO BEACH Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 32960 Partl Part II

Schedule R (Form 990) 2017

59-1087090

Page 2

Schedule R (Form 990) 2017 UNITED WAY OF INDIAN RIVER COUNTY, INC.

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

(a)	(q)	(0)	(p)	(e)	_	e	(5)	ε	9	9	(E)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomi (related excluded f		Share of total income	Share of end-of-year assets	Orsp. Allo	Code amour 20 of S)erc
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Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable a	s a Corpor g the tax yo	on or Trust.	omplete if the	e organization	answered "Ye	s" on Form 990	, Part IV, line	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ad one or m	ore related
(a) Name, address, and EIN of related organization	N. C.	Primē	(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	(i) Section 512(b)(13) controlled entity?
											_

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Schedule R (Form 990) 2017

Yes

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part,V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 L	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?
es T	Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity
q	b Gift, grant, or capital contribution to related organization(s)
ပ	c Gift, grant, or capital contribution from related organization(s)
P P	Loans or loan guarantees to or for related organization(s)
e L	e Loans or loan guarantees by related organization(s)
+	Dividends from related organization(s)
6	Sale of assets to related organization(s)

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Lease of facilities, equipment, or other assets to related organization(s)

h Purchase of assets from related organization(s) Exchange of assets with related organization(s)

- 1 Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

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.	ho must complete the	s line, including covered re	lationships and transaction thresholds.
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
UNITED WAY FOUNDATION OF INDIAN RIVER	υ	61,353.CASH	CASH
UNITED WAY FOUNDATION OF INDIAN RIVER (2) COUNTY	ŏ	117,320.CASH	CASH
(3)			
(4)			
(5)			
(9)			
732163 09-11-17	•		Schedule R (Form 990) 2017

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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

S, and ENN Primary activity (Lagal domination may activity) (L	(a) (b) (c) (d)	(a)	(0)	(p)	(e)	9	(6)	3	9	=	8
Country) estations 512-514) tyes ho income asserts Country) estations 512-514) tyes ho income asserts The income asserts Th	Name, address, and EIN	Primary activity	Legal domicite	Predominant income pa	Are all		Share of	Disproper-	Code V-UBI	General o	Percentage
	of entity		(state or foreign country)	excluded from tax under sections 512-514)	01(5)(3)		end-of-year assets	altocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
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