

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2008

Open to Public Inspection

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

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

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

C Name of organization
 UNITED WAY OF BREVARD COUNTY INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
937 DIXON BLVD
 City or town, state or country, and ZIP + 4
COCOA FL 32922

D Employer identification number
59-0836384

E Telephone number
321-631-2740

F Name and address of principal officer:
ROB RAINS
937 DIXON BLVD
COCOA FL 32922

G Gross receipts \$ 10,795,882

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: WWW.UWBREVAR.D.ORG

K Type of organization: Corporation Trust Association Other

L Year of formation: 1957 **M** State of legal domicile: FL

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SUPPORT CRITICAL HEALTH AND HUMAN COMMUNITY SERVICES THROUGH THE ANNUAL CAMPAIGN DRIVE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	53	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	53	
	5	Total number of employees (Part V, line 2a)	43	
	6	Total number of volunteers (estimate if necessary)	1971	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)		
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 9,401,651	Current Year: 10,637,935
	9	Program service revenue (Part VIII, line 2g)	85,060	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,041	39,278
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,238	117,305
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,583,990	10,794,518
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,115,556	5,157,079
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,751,533	1,876,509
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25)	645,496	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	691,437	3,866,485	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,558,526	10,900,073	
19	Revenue less expenses. Subtract line 18 from line 12	1,025,464	-105,555	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 5,771,614	End of Year: 5,188,489
	21	Total liabilities (Part X, line 26)	1,267,230	870,477
	22	Net assets or fund balances. Subtract line 21 from line 20	4,504,384	4,318,012

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Robert R. Rains Date: 3/10/2010
 Type or print name and title: Robert R. Rains, President

Paid Preparer's Use Only
 Preparer's signature: Paul White CPA Date: 3/3/2010 Check if self-employed:
 Preparer's identifying number (see instructions): P00197977
 Firm's name (or yours if self-employed), address, and ZIP + 4: BERMAN HOPKINS WRIGHT LAHAM CPAS & ASSOC
8035 SPYGLASS HILL RD
MELBOURNE, FL 32940 EIN: 59-1152714
 Phone no.: 321-757-2020

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SUPPORT CRITICAL HEALTH AND HUMAN COMMUNITY SERVICES THROUGH THE ANNUAL CAMPAIGN DRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,505,972 including grants of \$ 4,944,014) (Revenue \$)

PARTNER AGENCY ALLOCATIONS AND DESIGNATIONS - DOLLARS PLEDGED TO UNITED WAY OF BREVARD'S COMMUNITY CARE FUND AND TARGETED CARE AREAS ARE DISTRIBUTED EACH SPRING BY OVER 150 COMMUNITY VOLUNTEERS. FUNDS FROM THE 2008 CAMPAIGN SUPPORTED 76 PROGRAMS AT 46 LOCAL HEALTH AND HUMAN SERVICE AGENCIES. THESE FUNDED PROGRAMS WILL TOUCH MORE THAN 175,000 IN THE BREVARD COMMUNITY. IN ADDITION TO DOLLARS PLEDGED TO THE COMMUNITY CARE FUND, DONORS ALSO HAVE THE OPTION TO DIRECTLY DESIGNATE THEIR GIFTS TO ANY 501(C)(3) NOT-FOR-PROFIT HEALTH AND HUMAN SERVICE ORGANIZATION.

4b (Code:) (Expenses \$ 1,137,370 including grants of \$) (Revenue \$)

MY SAFE FLORIDA HOME GRANT - MY SAFE FLORIDA HOME WAS A FEDERAL PROGRAM THAT ASSISTED LOW INCOME AND ELDERLY RESIDENTS IN MAKING IMPROVEMENTS TO THEIR HOMES WHICH WILL REDUCE THE LIKELIHOOD OF WIND AND WATER DAMAGE WHICH MAY OCCUR DURING A HURRICANE. DURING 2008/2009, 314 HOMES WERE PROVIDED WITH HURRICANE SHUTTERS, REINFORCED GARAGE DOORS AND OTHER IMPROVEMENTS TO MITIGATE AGAINST FUTURE STORM DAMAGE.

4c (Code:) (Expenses \$ 941,449 including grants of \$) (Revenue \$)

HEALTHY FAMILIES BREVARD - HEALTHY FAMILIES BREVARD IS A PROGRAM DESIGNED TO PREVENT CHILD ABUSE AND NEGLECT AND PROMOTE HEALTHY CHILD DEVELOPMENT. SINCE 1999, HEALTHY FAMILIES BREVARD HAS HELPED PARENTS WITH THEIR MOST IMPORTANT ROLE - RAISING AND NURTURING THEIR CHILDREN IN A SAFE AND HEALTHY HOME. UNITED WAY OF BREVARD IS THE DIRECT SERVICE PROVIDER FOR THIS HIGHLY SUCCESSFUL PROGRAM. DURING 2008/2009, 4,423 HOME VISITATIONS WERE COMPLETED AND 344 FAMILIES WERE SERVED BY THIS PROGRAM. IN ADDITION, 2,309 REFERRALS FOR ASSISTANCE WERE MADE TO

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

(Expenses \$ 1,387,929 including grants of \$ 213,066) (Revenue \$)

4e Total program service expenses ▶ \$ 9,972,720 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 68		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 43		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	53
1b	Enter the number of voting members that are independent	1b	53
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MINDY BAKER, FINANCE DIRECTOR 937 DIXON BLVD COCOA FL 32922 321-631-2740	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY W. ALLENDER DIRECTOR		X					0	0	0	
CAPTAIN HENRY ANDERSSON DIRECTOR		X					0	0	0	
TOM BALDWIN TREASURER		X		X			0	0	0	
JACKIE BARKER DIRECTOR		X					0	0	0	
ALISON BOGART DIRECTOR		X					0	0	0	
ALAN BOGGS DIRECTOR		X					0	0	0	
DON BRECKENRIDGE DIRECTOR		X					0	0	0	
KIM BROWN DIRECTOR		X					0	0	0	
SCOTT BUESCHER DIRECTOR		X					0	0	0	
PEGGY BUSACCA DIRECTOR		X					0	0	0	
JOHN CASKO DIRECTOR		X					0	0	0	
DR. ANTHONY CATANESE CHAIR		X		X			0	0	0	
DR. RICHARD DIPATRI VICE CHAIR		X		X			0	0	0	
LESLI DOOLEY DIRECTOR		X					0	0	0	
DR. JAMES A. DRAKE DIRECTOR		X					0	0	0	
ERIK EAVENSON DIRECTOR		X					0	0	0	
LEE FELDMAN DIRECTOR		X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PASTOR SHAUN FERGUSON DIRECTOR		X						0	0	0
MARILYN J. "BUNNY" FINNEY DIRECTOR		X						0	0	0
PETER FOLEY DIRECTOR		X						0	0	0
JOHNETTE GINDLING EXE COMMITTE		X		X				0	0	0
MICHELE GOODWIN DIRECTOR		X						0	0	0
ANDREW HAMENT DIRECTOR		X						0	0	0
PAUL HANSON DIRECTOR		X						0	0	0
BOB HENRY DIRECTOR		X						0	0	0
CHAS HOYMAN EXE COMMITTE		X		X				0	0	0
JERRY JAMISON DIRECTOR		X						0	0	0
ROBERT JORDAN DIRECTOR		X						0	0	0
DANA KILBORNE DIRECTOR		X						0	0	0
ADRIAN A. LAFFITTE DIRECTOR		X						0	0	0
1b Total								255,379		

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EAST COAST SHUTTERS WEST MELBOURNE FL 32904	7622 EMERALD DRIVE SHUTTER INSTALL	652,160
CAPITAL CONSTRUCTION SERVICES SOUTH MERRITT ISLAND FL 32952	489 NANCIE AVENUE MATERIALS, LABOR	473,489
HEALTH FIRST HEALTH PLANS ORLANDO FL 32891	PO BOX 91-5256 HEALTH INSURANC	243,090
COMMUNITY CREDIT UNION ROCKLEDGE FL 32955	1030 SOUTH US 1 FINANCIAL SERV	139,844

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **▶ 4**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 795,836				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,395,470				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 7,446,629				
	g Noncash contributions included in lines 1a-1f: \$	1,682,203				
	h Total. Add lines 1a-1f		10,637,935			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		39,267			39,267
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		1,375				
	b Less: cost or other basis & sales exps.	1,364				
	c Gain or (loss)	11				
	d Net gain or (loss)			11	11	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Busn. Code				
11a ADMINISTRATION FEE INCOME			73,736			73,736
b VARIOUS SPECIAL EVENTS			42,819			42,819
c OTHER INCOME			750			750
d All other revenue						
e Total. Add lines 11a-11d			117,305			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			10,794,518	11	0	156,572

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,156,968	5,156,968		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	111	111		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	259,727	128,248	60,045	71,434
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,149,709	787,473	56,167	306,069
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	105,413	75,274	3,506	26,633
9 Other employee benefits	234,451	189,078	9,949	35,424
10 Payroll taxes	127,209	85,964	8,189	33,056
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	28,700	13,684	6,661	8,355
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	57,842	23,624	4,109	30,109
13 Office expenses	106,015	51,811	15,040	39,164
14 Information technology	43,579	27,422	1,028	15,129
15 Royalties				
16 Occupancy	90,783	72,110	2,931	15,742
17 Travel	80,841	72,014	1,329	7,498
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,550	18,042	3,453	13,055
20 Interest				
21 Payments to affiliates	72,510		72,510	
22 Depreciation, depletion, and amortization	32,216	16,913	2,545	12,758
23 Insurance	1,988		1,988	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a IN-KIND MATERIALS	1,687,675	1,636,035	32,194	19,446
b MSFH GRANT	1,128,867	1,128,867		
c HOPWA GRANT	431,304	431,304		
d COMMUNITY IMPACT INITIAT	57,588	57,588		
e CAMPAIGN SUPPLIES & RECOG	12,027	190	213	11,624
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	10,900,073	9,972,720	281,857	645,496
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	250	1	751,639
	2	Savings and temporary cash investments	1,482,198	2	489,274
	3	Pledges and grants receivable, net	2,821,147	3	2,507,525
	4	Accounts receivable, net	12,849	4	13,156
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	59,356	8	52,554
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis	562,013		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	235,506		
			348,988	10c	326,507
	11	Investments—publicly traded securities	1,018,467	11	1,037,083
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	28,359	15	10,751	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,771,614	16	5,188,489	
Liabilities	17	Accounts payable and accrued expenses	130,982	17	53,639
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	132,900	23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	1,003,348	25	816,838
	26	Total liabilities. Add lines 17 through 25	1,267,230	26	870,477
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,063,298	27	2,057,083
	28	Temporarily restricted net assets	2,441,086	28	2,260,929
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,504,384	33	4,318,012
	34	Total liabilities and net assets/fund balances	5,771,614	34	5,188,489

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	