

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning **07/01/15** , and ending **06/30/16**

59-0836384

United Way of Brevard County

Net Asset / Fund Balance at Beginning of Year		<u>2,584,297</u>
Revenue		
Contributions	<u>8,009,928</u>	
Program service revenue		
Investment income	<u>57,474</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>37,092</u>	
Direct expenses	<u>43,527</u>	
Net income	<u>-6,435</u>	
Other income	<u>98,672</u>	
Total revenue		<u>8,159,639</u>
Expenses		
Program services	<u>6,798,287</u>	
Management and general	<u>297,596</u>	
Fundraising	<u>564,549</u>	
Total expenses		<u>7,660,432</u>
Excess / (deficit)		<u>499,207</u>
Changes		<u>-360,958</u>
Net Asset / Fund Balance at End of Year		<u>2,722,546</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>7,124,798</u>
Less:	
Unrealized gains	<u>7,269</u>
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	<u>1,042,110</u>
Total revenue per return	<u>8,159,639</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>6,986,549</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	<u>673,883</u>
Total expenses per return	<u>7,660,432</u>

		Balance Sheet		
		Beginning	Ending	Differences
Assets		<u>6,316,322</u>	<u>6,270,965</u>	
Liabilities		<u>3,732,025</u>	<u>3,548,419</u>	
Net assets		<u>2,584,297</u>	<u>2,722,546</u>	<u>138,249</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/16
Failure to file penalty _____

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 20 16

2015

Department of the Treasury
Internal Revenue Service
Name of exempt organization

Do not send to the IRS. Keep for your records.
▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number
59-0836384

Name and title of officer
United Way of Brevard County
Robert Rains
President

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	8,159,639
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Whittaker Cooper Financial Group to enter my PIN 36384 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **11/10/16**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59698199999
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **11/10/16**

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">United Way of Brevard County</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>937 Dixon Blvd</p> City or town, state or province, country, and ZIP or foreign postal code <p>Cocoa FL 32922</p>	D Employer identification number <p>59-0836384</p> E Telephone number <p>321-631-2740</p> G Gross receipts\$ 8,203,166
F Name and address of principal officer: <p>Robert Rains 937 Dixon Blvd Cocoa FL 32922</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.UWBREVARD.ORG		L Year of formation: 1957
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">See Schedule O</p> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 47 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 47 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 45 6 Total number of volunteers (estimate if necessary) 6 2371 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">8,203,518</td> <td style="text-align: right;">8,009,928</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">61,991</td> <td style="text-align: right;">57,474</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">119,556</td> <td style="text-align: right;">92,237</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">8,385,065</td> <td style="text-align: right;">8,159,639</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	8,203,518	8,009,928	9 Program service revenue (Part VIII, line 2g)	0	0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	61,991	57,474	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	119,556	92,237	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,385,065	8,159,639						
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Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">Robert Rains</p> Type or print name and title <p style="text-align: center;">President</p>	Date
Paid Preparer Use Only	Print/Type preparer's name <p>Richard D. Sutter, CPA</p> Preparer's signature Date <p>11/10/16</p> Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN <p>P00265703</p> Firm's name ▶ Whittaker Cooper Financial Group Firm's EIN ▶ 59-2977986 Firm's address ▶ 1692 West Hibiscus Boulevard Melbourne, FL 32901 Phone no. 321-723-3352	

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

Part 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:
To be Brevard's leader in mobilizing the caring power of our community.

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 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 \$ **5,530,815** including grants of \$ **3,477,436**) (Revenue \$)
United Way of Brevard partner agencies are a diverse group of health and human service providers who meet comprehensive funding standards and bi-annual performance reviews for efficient, high quality, impactful operation of programs and services serving Brevard County residents. Agencies must demonstrate accountability and agree to complete all reporting requirements in addition to maintaining standards of performance. 97 community volunteers spend over 1,200 hours reviewing funding applications and the performance of partner agencies in order to recommend funding levels to the United Way Board of Directors. Funded partner agency programs will serve more than 200,000 people within the Brevard community. In addition to dollars donated through the Community Care Fund, donors also have the

4b (Code:) (Expenses \$ **851,802** including grants of \$ **1,524**) (Revenue \$)
Healthy Families Brevard is a program designated to prevent child abuse and neglect and promote healthy child development. Since 1999, Healthy Families Brevard has helped parents with their most important role - nurturing and raising their children in a safe and healthy home. United Way of Brevard is the direct service provider for this highly successful program. During 2015/2016, 2,830 home visits were completed and 219 families were served by this program. In addition, 870 referrals were made to other community agencies.

4c (Code:) (Expenses \$ **415,670** including grants of \$) (Revenue \$)
Housing Opportunities for persons with AIDS (HOPWA) fosters long-term solutions to housing obstacles of eligible persons by providing funding for emergency, and temporary housing needs of persons with HIV/AIDS. \$473,099 in funding provided much needed services to improve access to HIV treatment and healthcare support and reduced the risk of homelessness among people living with HIV/AIDS. United Way of Brevard distributed these funds to agencies serving the entire county and performed all reporting to the FL Department of Health and was responsible for the monitoring of subcontractors providing direct service. HOPWA funding provided case management, housing and utilities assistance to 249 persons infected with HIV/AIDS.

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

4e Total program service expenses **6,798,287**

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 (see instructions)?	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		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, 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		X
10 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	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		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 United States?		X
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		X
15 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		X
16 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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 of grants or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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), 501(c)(4), and 501(c)(29) 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 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," complete Schedule L, Part II		X
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 of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		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, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		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
38 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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
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		
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 (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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 line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial 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: **▶**
Deb Stull, VP Finance & Admin. 937 Dixon Blvd
Cocoa FL 32922 321-631-2740

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jeff Kiel	0.80									
Board Chair	0.00	X		X			0	0	0	
(2) Carol Craig	0.80									
Board Chair-Elect	0.00	X		X			0	0	0	
(3) Sheriff Wayne Ivey	0.80									
Vice Chair/Resource	0.00	X		X			0	0	0	
(4) Susan Hann	0.80									
Vice Chair/Impact	0.00	X		X			0	0	0	
(5) Johnette Gindling	0.80									
Vice Chair/Oversight	0.00	X		X			0	0	0	
(6) Karin Jamison	0.80									
Treasurer	0.00	X		X			0	0	0	
(7) Adrian A Laffitte	0.80									
Past Board Chair	0.00	X		X			0	0	0	
(8) David O Brock	0.80									
Exec Committee Mbr	0.00	X		X			0	0	0	
(9) Judy Gizinski	0.80									
Exec Committee Mbr	0.00	X		X			0	0	0	
(10) Steve Griffin	0.80									
Exec Committee Mbr	0.00	X		X			0	0	0	
(11) Moses L Harvin	0.80									
Exec Committee Mbr	0.00	X		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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(12) Dwayne McCay	0.80									
Exec Committee Mbr	0.00	X		X			0	0	0	
(13) Therrin Protze	0.80									
Exec Committee Mbr	0.00	X		X			0	0	0	
(14) Robert Rains	40.00									
President	0.00			X			175,852	0	36,029	
(15) Debra Stull	40.00									
VP of Finance/Admin.	0.00			X			72,900	0	17,763	
(16) Captain Henry Andersson	0.50									
Director	0.00	X					0	0	0	
(17) Tom Baldwin	0.50									
Director	0.00	X					0	0	0	
(18) Jackie Barker	0.50									
Director	0.00	X					0	0	0	
(19) Dr. Desmond Blackburn	0.50									
Director	0.00	X					0	0	0	
1b Sub-total							248,752		53,792	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							248,752		53,792	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(20) Jeanne Boland	0.50									
Director	0.00	X					0	0	0	
(21) Brian Curtin	0.50									
Director	0.00	X					0	0	0	
(22) Terry DeRosa	0.50									
Director	0.00	X					0	0	0	
(23) Frank DiBello	0.50									
Director	0.00	X					0	0	0	
(24) Travis Douglass	0.50									
Director	0.00	X					0	0	0	
(25) Mark Dowhan	0.50									
Director	0.00	X					0	0	0	
(26) Bart Gaetjens	0.50									
Director	0.00	X					0	0	0	
(27) Beth Giannone	0.50									
Director	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(28) Michele Goodwin	0.50									
Director	0.00	X					0	0	0	
(29) Sandy Handfield	0.50									
Director	0.00	X					0	0	0	
(30) Paul Hanson	0.50									
Director	0.00	X					0	0	0	
(31) Eric Johns	0.50									
Director	0.00	X					0	0	0	
(32) Lorna Kenna	0.50									
Director	0.00	X					0	0	0	
(33) Corey Lancaster	0.50									
Director	0.00	X					0	0	0	
(34) Christine Lance	0.50									
Director	0.00	X					0	0	0	
(35) Sandi Lee	0.50									
Director	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(36) Michael McNeas	0.50									
Director	0.00	X					0	0	0	
(37) Tom Molnar	0.50									
Director	0.00	X					0	0	0	
(38) Larry Ostarly	0.50									
Director	0.00	X					0	0	0	
(39) Megan Patel	0.50									
Director	0.00	X					0	0	0	
(40) Debbie Pavlakos	0.50									
Director	0.00	X					0	0	0	
(41) Robert Perers	0.50									
Director	0.00	X					0	0	0	
(42) Alex Rudloff	0.50									
Director	0.00	X					0	0	0	
(43) Mike Ruggiero	0.50									
Director	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(44) Dixie Sansom Director	0.50 0.00	X						0	0	0
(45) Captain Winston Scott Director	0.50 0.00	X						0	0	0
(46) Mike Shah Director	0.50 0.00	X						0	0	0
(47) Lynda Weatherman Director	0.50 0.00	X						0	0	0
(48) Stockton Whitten Director	0.50 0.00	X						0	0	0
(49) Dicksy Chrostowski Director	0.50 0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,321,372			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,688,556			
	g Noncash contributions included in lines 1a-1f: \$		557,240			
	h Total. Add lines 1a-1f		8,009,928			
	2a	Busn. Code				
	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)		57,474			57,474
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	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				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	37,092			
	b Less: direct expenses	b	43,527			
	c Net income or (loss) from fundraising events		-6,435			
	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 Other Revenue			60,816	60,816		
b Administration fee income			37,856	37,856		
c						
d All other revenue						
e Total. Add lines 11a-11d			98,672			
12 Total revenue. See instructions.			8,159,639	98,672	0	57,474

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).

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

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 domestic organizations and domestic governments. See Part IV, line 21	3,477,436	3,477,436		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,524	1,524		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	242,752	144,194	48,550	50,008
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	1,245,369	876,551	134,423	234,395
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	349,542	259,062	36,292	54,188
10 Payroll taxes	132,150	90,770	15,846	25,534
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,799	14,097	1,881	3,821
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	11,702		10,925	777
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	38,492	17,994	1,614	18,884
12 Advertising and promotion	57,880	6,836	1,179	49,865
13 Office expenses	97,846	60,733	12,207	24,906
14 Information technology	24,234	15,340	2,241	6,653
15 Royalties				
16 Occupancy	67,952	49,934	5,958	12,060
17 Travel	56,647	43,734	1,265	11,648
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	55,821	31,781	7,486	16,554
20 Interest				
21 Payments to affiliates	78,676	42,328	11,959	24,389
22 Depreciation, depletion, and amortization	30,559	17,144	4,431	8,984
23 Insurance	10,710	7,284	1,174	2,252
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Comm'ty Impact Initiative	586,996	586,996		
b In Kind Gifts	546,978	552,978	-6,000	
c Grant expenditures	492,345	492,345		
d Misc expenses	27,147	9,130	4,962	13,055
e All other expenses	7,875	96	1,203	6,576
25 Total functional expenses. Add lines 1 through 24e	7,660,432	6,798,287	297,596	564,549
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	613,122	1	370,102
	2 Savings and temporary cash investments	467,003	2	533,385
	3 Pledges and grants receivable, net	2,303,549	3	2,190,273
	4 Accounts receivable, net	134,852	4	264,867
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,505	8	27,816
	9 Prepaid expenses and deferred charges	33,162	9	22,597
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 739,089		
	b Less: accumulated depreciation	10b 457,083	10c	282,006
	11 Investments—publicly traded securities	2,467,533	11	2,570,900
	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		15	9,019
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,316,322	16	6,270,965	
Liabilities	17 Accounts payable and accrued expenses	76,666	17	100,329
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,655,359	25	3,448,090
	26 Total liabilities. Add lines 17 through 25	3,732,025	26	3,548,419
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		2,237,952	27	2,382,405
28 Temporarily restricted net assets		346,345	28	340,141
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances	2,584,297	33	2,722,546	
34 Total liabilities and net assets/fund balances	6,316,322	34	6,270,965	

Part 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	8,159,639
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,660,432
3	Revenue less expenses. Subtract line 2 from line 1	3	499,207
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,584,297
5	Net unrealized gains (losses) on investments	5	7,269
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	-368,227
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,722,546

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

United Way of Brevard County

Employer identification number

59-0836384

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).....

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,660,495	10,789,041	8,276,916	8,203,518	8,109,449	44,039,419
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,660,495	10,789,041	8,276,916	8,203,518	8,109,449	44,039,419
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						44,039,419

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	8,660,495	10,789,041	8,276,916	8,203,518	8,109,449	44,039,419
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,112	22,139	31,740	61,991	57,474	194,456
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						44,233,875
12 Gross receipts from related activities, etc. (see instructions)					12	135,764
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.56 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.64 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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 11a or 11b 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?		
6 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 7? 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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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 .		

Section 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 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 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section 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 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section 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 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?		
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 the organization maintained a close and continuous working relationship with the supported organization(s).		
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 supported organizations played in this regard.		

Section 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**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
 - 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 instructions).

2 Activities Test. **Answer (a) and (b) below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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.		
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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 .		
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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	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)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
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	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.)

Dotted lines for supplemental information input.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2015

▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**

Name of the organization United Way of Brevard County	Employer identification number 59-0836384
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization United Way of Brevard County	Employer identification number 59-0836384
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Harris Corporation 1025 W Nasa Boulevard Melbourne FL 32919	\$ 1,318,227	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Publix Super Markets P.O. Box 407 Lakeland FL 33802	\$ 1,048,232	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Brevard Public Schools 2700 Judge Fran Jamieson Way Viera FL 32940	\$ 259,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Health First 6450 US Highway 1 Rockledge FL 32955	\$ 180,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Florida Institute of Technology 150 W University Boulevard Melbourne FL 32919	\$ 167,560	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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.

OMB No. 1545-0047

2015

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	273,584	266,893	243,252	243,483	220,773
b Contributions	63,771	3,040	4,530		5,000
c Net investment earnings, gains, and losses	5,918	3,651	19,111	-230	17,710
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	343,273	273,584	266,893	243,252	243,483

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **100.00** %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,000		20,000
b Buildings		405,554	201,880	203,674
c Leasehold improvements				
d Equipment		286,035	246,495	39,540
e Other		27,500	8,708	18,792
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				282,006

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) UW Allocations	2,803,553	
(3) Donor Designations Payable	589,946	
(4) Publix Emergency Assistance Fund	54,591	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,448,090	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,124,798
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,269
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	7,269
3	Subtract line 2e from line 1	3	7,117,529
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,042,110
c	Add lines 4a and 4b	4c	1,042,110
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,159,639

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,986,549
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,986,549
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	673,883
c	Add lines 4a and 4b	4c	673,883
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,660,432

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

UWBC is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the financial statements.

FASB ASC 740, Accounting for Income Taxes, prescribes a recognition threshold and measurement attribute of the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return.

Management evaluates the Organization's tax positions on an annual basis, both past and current. If management determines that a past or current tax position is uncertain then a tax liability is calculated to represent the increase in taxes anticipated upon examination. As of June 30, 2016,

Part XIII Supplemental Information (continued)

management has determined that all past and current tax positions were likely to be realizable and sustainable upon examination and that the calculation of a tax liability was not necessary.

Tax years ended June 30, 2013 through 2016 remain subject to possible examination by the Internal Revenue Service.

Part XI, Line 4b - Revenue Amounts Included on Return - Other

Other Donor Designations \$ 1,042,110

Part XII, Line 4b - Expense Amounts Included on Return - Other

Other Donor Designations \$ 673,883

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

United Way of Brevard County

Employer identification number

59-0836384

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Events (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	37,092		37,092
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	37,092		37,092
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	43,527		43,527
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-6,435

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

United Way of Brevard County

Employer identification number

59-0836384

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	2-1-1 Brevard Inc. PO Box 561627 Rockledge FL 32956	59-1897447		170,000				Agency Allocation
(2)	2-1-1 Brevard Inc. PO Box 561627 Rockledge FL 32956	59-1897447		7,598				Donor Designation
(3)	Aging Matters in Brevard 3600 West King Street Cocoa FL 32926	59-1110325		232,000				Agency Allocation
(4)	Aging Matters in Brevard 3600 West King Street Cocoa FL 32926	59-1110325		10,343				Donor Designation
(5)	American Red Cross Space Coast 1700 Cedar Street Rockledge FL 32955	59-0668470		99,009				Agency Allocation
(6)	AMI Kids Space Coast 1000 Inspiration Lane Melbourne FL 32934	59-2869412		51,009				Agency Allocation
(7)	AMI Kids Space Coast 1000 Inspiration Lane Melbourne FL 32934	59-2869412		7,862				Donor Designation
(8)	Big Brothers Big Sisters 807 South Orlando Avenue, Winter Park FL 32789-4870	59-6555007		89,000				Agency Allocation
(9)	Boy Scouts of America Central Flori 1951 S. Orange Blossom Trail Apopka FL 32703-7747	59-0624376		18,000				Agency Allocation

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

United Way of Brevard County

Employer identification number

59-0836384

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Boy Scouts of America Central Flori 1951 S. Orange Blossom Trail Apopka FL 32703-7747	59-0624376		20,310				Donor Designation
(2)	Boys & Girls Club of Central Florid PO Box 2987 Orlando FL 32802	59-0951887		146,000				Agency Allocation
(3)	Boys & Girls Clubs of Central Flori 101 E. Colonial Drive Orlando FL 32801	59-0951887		8,392				Donor Designation
(4)	Brevard Achievement Center, Inc. 1845 Cogswell Street Rockledge FL 32955	59-1203280		137,800				Agency Allocation
(5)	Brevard Achievement Center, Inc. 1845 Cogswell Street Rockledge FL 32955	59-1203280		7,634				Donor Designation
(6)	Brevard Alzheimer's Foundation, Inc 4676 N. Wickham Rd. Melbourne FL 32935	59-3369526		75,000				Agency Allocation
(7)	Brevard Alzheimer's Foundation, Inc 4676 N. Wickham Rd. Melbourne FL 32935	59-3369526		21,078				Donor Designation
(8)	Brevard County Legal Aid Inc. 1038 Harvin Way Rockledge FL 32955	59-1301750		45,000				Agency Allocation
(9)	Brevard Neighborhood Development 1151 Masterson Street Melbourne FL 32935	59-3483505		40,000				Agency Allocation

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Schedule I (Form 990) (2015)

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Internal Revenue Service

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Brevard Neighborhood Development 1151 Masterson Street Melbourne FL 32935	59-3483505		19,372				Donor Designation
(2)	Brevard Rescue Mission, Inc. 141 Bluff Terrace Melbourne FL 32901	26-1686406		18,000				Agency Allocation
(3)	Brevard Rescue Mission, Inc. 141 Bluff Terrace Melbourne FL 32901	26-1686406		8,828				Donor Designation
(4)	Brevard Schools Foundation Inc. 2700 Judge Fran Jamieson Way Viera FL 32940	59-2895155		16,231				Donor Designation
(5)	Bridges 1694 Cedar Street Rockledge FL 32955	59-0905505		98,209				Agency Allocation
(6)	BRIDGES BTC INC. 1694 Cedar Street Rockledge FL 32955	59-0905505		8,107				Donor Designation
(7)	Candlelighters Of Brevard Inc. 436 Fifth Ave Indialantic FL 32903	59-3068501		7,090				Donor Designation
(8)	Catholic Charities of Central 1819 N Semoran Blvd. Orlando FL 32807	59-1214353		30,000				Agency Allocation
(9)	Catholic Charities of Central 1819 N Semoran Blvd. Orlando FL 32807	59-1214353		26,437				Donor Designation

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

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**SCHEDULE I
(Form 990)**

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

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

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Department of the Treasury
Internal Revenue Service

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United Way of Brevard County

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59-0836384

Part I General Information on Grants and Assistance

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Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Central Brevard Sharing Center Inc. PO Box 3363 Cocoa FL 32924-3363	59-1839108		161,000				Agency Allocation
(2)	Central Brevard Sharing Center Inc. 113 Aurora Street Cocoa FL 32922	59-1839108		15,696				Donor Designation
(3)	Central Florida YMCA 2400 Harrison Street Titusville FL 32780-4572	59-0624430		26,443				Agency Allocation
(4)	Children's Advocacy Center 6905 N. Wickham Road Melbourne FL 32940	59-2432318		40,000				Agency Allocation
(5)	Children's Home Society of FL, Brev 326 Croton Road Melbourne FL 32935	59-0192430		49,000				Agency Allocation
(6)	Children's Home Society of FL, Brev 326 Croton Road Melbourne FL 32935	59-0192430		8,584				Donor Designation
(7)	Children's Hunger Project 1855 W. King Street Cocoa FL 32926	36-4686823		24,000				Agency Allocation
(8)	Club Esteem 3316 South Monroe Street Melbourne FL 32901-8059	59-3317831		44,000				Agency Allocation
(9)	Club Esteem 3316 South Monroe Street Melbourne FL 32901-8059	59-3317831		5,304				Donor Designation

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Schedule I (Form 990) (2015)

**SCHEDULE I
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Department of the Treasury
Internal Revenue Service

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(1)	Crosswinds Youth Services Inc. 1407 Dixon Blvd. Cocoa FL 32922	23-7376943		60,000				Agency Allocation
(2)	Crosswinds Youth Services Inc. 1407 Dixon Blvd. Cocoa FL 32922	23-7376943		8,716				Donor Designation
(3)	Early Learning Coalition PO Box 560692 Rockledge FL 32956-0692	59-3651961		257,000				Agency Allocation
(4)	Eastern Florida State College Found 1519 Clearlake Road Cocoa FL 32922	59-1747177		21,910				Donor Designation
(5)	Family Counseling Center 840 Brevard Ave Rockledge FL 32955	59-1059517		82,065				Agency Allocation
(6)	Family Promise of Brevard Inc. PO Box 562666 Rockledge FL 32956-2666	33-1170962		5,288				Donor Designation
(7)	Florida Tech Foundation 150 West University Boulevard Melbourne FL 32901	59-6046500		13,400				Donor Designation
(8)	Florida Tech- The Scott Center for 150 West University Boulevard Melbourne FL 32901	59-6046500		8,173				Donor Designation
(9)	Girl Scouts 341 N. Mills Avenue Orlando FL 32803	59-0696293		18,000				Agency Allocation

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Grandparents Raising Grandchildren 123 Barton Blvd Rockledge FL 32955	59-3712039		18,000				Agency Allocation
(2)	Greater Titusville Renaissance 2000 South Washington Ave Titusville FL 32780	46-1940296		20,000				Donor Designation
(3)	Health First Foundation 1350 S. Hickory St Melbourne FL 32901	59-3528774		10,250				Donor Designation
(4)	Housing for Homeless & Veterans Ser 4087 US Highway 1, Suite 3 Rockledge FL 32955	59-2981409		41,000				Agency Allocation
(5)	Junior Achievement of East Central 1275 South Patrick Drive, Suite A # Satellite Beach FL 32937	59-2461562		5,299				Donor Designation
(6)	Links of Hope Inc. 1535 N. Cogswell St., Suite C-20 Rockledge FL 32955-2740	01-0553077		22,000				Agency Allocation
(7)	National Veterans Homeless Support 7075 N. Cocoa Blvd Port St John FL 32927	35-2330290		28,700				Agency Allocation
(8)	National Veterans Homeless Support 7075 N. Cocoa Blvd. Port St. John FL 32927	35-2330290		7,232				Donor Designation
(9)	North Brevard Charities 4475 S. Hopkins Ave Titusville FL 32780	59-3079635		120,300				Agency Allocation

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Schedule I (Form 990) (2015)

**SCHEDULE I
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Department of the Treasury
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(1)	North Brevard Medical Support (Chil 951 N. Washington Ave Titusville FL 32796	59-3074052		28,000				Agency Allocation
(2)	Pregnancy Resources Inc. 165 N. Babcock St. Melbourne FL 32935	59-2542341		11,554				Donor Designation
(3)	Project Response 745 Apollo Blvd Melbourne FL 32901	59-3036563		38,000				Agency Allocation
(4)	Rolling Readers Space Coast Inc. 101 Pirate Lane Melbourne FL 32901	59-3755192		5,347				Donor Designation
(5)	Second Harvest Food Bank of Central Orlando 411 Mercy Drive Orlando FL 32805	59-2142315		73,800				Agency Allocation
(6)	Second Harvest Food Bank of Central Orlando 411 Mercy Drive Orlando FL 32805	59-2142315		9,214				Donor Designation
(7)	Serene Harbor, Inc. PO Box 100039 Palm Bay FL 32910-0039	59-3115093		52,000				Agency Allocation
(8)	Serene Harbor, Inc. confidential per state statute Palm Bay FL 32910	59-3115093		14,358				Donor Designation
(9)	South Brevard Sharing Center 17 E. Hibiscus Boulevard Melbourne FL 32901-3154	59-1604414		36,000				Agency Allocation

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Schedule I (Form 990) (2015)

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(1)	South Brevard Sharing Center 17 E. Hibiscus Boulevard Melbourne FL 32901-3154	59-1604414		6,058				Donor Designation
(2)	South Brevard Women's Center Inc 1425 Aurora Road Melbourne FL 32935	59-1628264		12,840				Donor Designation
(3)	Space Coast Early Intervention Cent 3790 Dairy Road Melbourne FL 32904	59-2858471		20,000				Agency Allocation
(4)	Space Coast Early Intervention Cent 3790 Dairy Road Melbourne FL 32904	59-2858471		18,602				Donor Designation
(5)	Space Coast Field of Dreams 3053 Fell Road Melbourne FL 32904	20-8162301		14,148				Donor Designation
(6)	STEPS 1991 S. Apopka Blvd Apopka FL 32703	63-0836930		40,000				Agency Allocation
(7)	The Children's Hunger Project, Inc. 1855 West King Street Cocoa FL 32926	36-4686823		16,229				Donor Designation
(8)	The Haven for Children PO Box 327 Melbourne FL 32902	59-2722408		18,000				Agency Allocation
(9)	The Haven For Children 555 Grant Ave Satellite Beach FL 32937	59-2722408		21,484				Donor Designation

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**SCHEDULE I
(Form 990)**

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(1)	The Parker Foundation for East Eau Gallie Blvd. Indian Harbour Beach FL 32937	47-2763126		24,148				Donor Designation
(2)	The Salvation Army Domestic Violence PO Box 940 Cocoa FL 32923-0940	58-0660607		49,009				Agency Allocation
(3)	The Salvation Army North Central 919 W. Peachtree St. Cocoa FL 32922	58-0660607		5,078				Donor Designation
(4)	The Salvation Army North/ Central PO Box 940 Cocoa FL 32923	58-0660607		36,000				Agency Allocation
(5)	The Salvation Army of South Brevard 1080 S. Hickory Street Melbourne FL 32901	58-0660607		5,994				Donor Designation
(6)	The Salvation Army- South PO Box 398 Melbourne FL 32902-0398	58-0660607		89,200				Agency Allocation
(7)	The Women's Center 1425 Aurora Road Melbourne FL 32935	59-1628264		83,009				Agency Allocation
(8)	United Way of Broward County, Inc. Ansin Building Fort Lauderdale FL 33316	59-0624402		6,117				Donor Designation
(9)	United Way of Central Virginia 101 Miller Park Square Lynchburg VA 24501	54-0505923		24,523				Donor Designation

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Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Department of the Treasury
Internal Revenue Service

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Name of the organization

United Way of Brevard County

Employer identification number

59-0836384

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Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	United Way of Greater Houston 50 Waugh Drive Houston TX 77007	74-1167964		5,716				Donor Designation
(2)	United Way of the National Capital 1577 Spring Hill Rd. Vienna VA 22182	53-0234290		8,320				Donor Designation
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

1. AGENCY ALLOCATIONS: Member agencies that receive an allocation submit an annual program narrative and budget. Each agency undergoes a site visit by United Way of Brevard staff and volunteers to review the funded program(s). Agencies also submit a mid-year report and an end-of-year report that details the use of the grant funds for the year.

2. DONOR DESIGNATIONS: United Way of Brevard requires an agency to be classified as a 501(c)(3) Exempt Organization to receive designated funds from donors. United Way of Brevard requires each designated agency to return a form annually that proves their 501(c)(3) status and certify that

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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Employer identification number

59-0836384

United Way of Brevard County

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	X X X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5a 5b	X X
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	X X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Robert Rains President	(i) 165,052 (ii) 0	4,800 0	6,000 0	34,894 0	1,135 0	211,881 0	0 0
2		(i) (ii)						
3		(i) (ii)						
4		(i) (ii)						
5		(i) (ii)						
6		(i) (ii)						
7		(i) (ii)						
8		(i) (ii)						
9		(i) (ii)						
10		(i) (ii)						
11		(i) (ii)						
12		(i) (ii)						
13		(i) (ii)						
14		(i) (ii)						
15		(i) (ii)						
16		(i) (ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 7 - Non-Fixed Payments Provided

The President was awarded an annual bonus. The Executive Committee considers this bonus each year when evaluating the President. The bonus is awarded at the discretion of the Executive Committee.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open To Public
Inspection**

United Way of Brevard County

Employer identification number

59-0836384

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art	<input checked="" type="checkbox"/>	2	11,797	Donor's appraisal
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications	<input checked="" type="checkbox"/>		116,819	
5 Clothing and household goods	<input checked="" type="checkbox"/>		343,161	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	<input checked="" type="checkbox"/>	1	3,516	
20 Drugs and medical supplies	<input checked="" type="checkbox"/>	1	4,101	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Hygiene)	<input checked="" type="checkbox"/>	1	30,971	
26 Other ▶ (Baby items)	<input checked="" type="checkbox"/>	1	23,340	
27 Other ▶ (Office furniture)	<input checked="" type="checkbox"/>	1	23,535	
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement				29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	<input checked="" type="checkbox"/>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	<input checked="" type="checkbox"/>	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I, Line 32b - Third Party Used to Process Noncash Contributions

Goods 360 is a third party used to process non-cash contributions.

UWBC pays a nominal fee and shipping for the items offered by Goods

360. United Way of Brevard distributed \$531,926 worth of gifts in kind

merchandise. United Way helps our local community by distributing donated

inventory to charitable organizations. These products are new and include

apparel, books, toys, personal care items, office supplies and much more.

Donated goods are critical to making program budgets stretch further.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015**Open to Public
Inspection**

Employer identification number

United Way of Brevard County

59-0836384

Form 990 - Organization's Mission or Most Significant Activities

United Way has always been about improving lives and strengthening communities. For nearly 60 years United Way has been working hard in our community to ensure we have a safety net of services available when people need help. We connect people facing crisis to the resources they need to survive. But that isn't enough. We must help build the skillsets necessary to move from merely surviving to thriving.

How do we do that? - By focusing on three fundamental building blocks that allow you to move beyond poverty to a better quality of life -Education, Income and Health. Together, those building blocks create a sturdy foundation not just for one family, but our entire community.

However, we still remain committed to meeting basic needs through our continued support of the safety net services provided by 58 programs at 43 local partner agencies. Because we know without addressing our community's most basic needs and enabling individuals and families to find some sense of stability, we will never achieve our goal to build the foundation needed to effect positive and long- lasting change.

Key highlights:

-Community Campaign raised \$6,200,812 for local health and human service partners. Sheriff Wayne Ivey served as the United Way Campaign Chair. Harris Corporation and its employees were the largest contributors, raising \$1,371,551, a \$20,823 increase over the previous year. This year also

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

marked Harris's 10th million dollar campaign. Publix Super Markets and its associates joined Harris Corporation in the million dollar circle this year by raising \$1,049,232. Publix is the second largest campaign, but contributes the largest corporate gift, an incredible \$448,500 and also had the largest campaign increase of \$76,690. New organizations running first-time campaigns included SKY Advertising, EverBank and Junior Achievement of the Space Coast.

-Grants Secured

-University of South Florida (\$111,076) for assistance with Insurance Marketplace & Health Literacy

-Volunteer Income Tax Assistance Program - VITA (\$21,000)

-Brevard County Housing and Human Services (\$25,000) for Brevard

Homeless Coalition Administration

-Dollar General Literacy Foundation (\$3,000) for books

-Bank of America (\$10,000) for Financial Education Program

-Wells Fargo (\$1,500) for Financial Education Program

-Housing Opportunities for Persons with AIDS (HOPWA) \$473,099

-Healthy Kids (\$25,000) to support Health literacy and assist families with children sign up for health insurance

-Gifts in Kind distributed \$531,929 worth of items such as diapers, hygiene products and other goods.

-Benefits Connection helped over 1,600 low-income individuals and families sign up for the Supplemental Nutrition Assistance Program (SNAP), providing \$1.9M of economic benefit to Brevard.

Name of the organization

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-Finances - Whittaker Cooper Financial Group performed our annual audit for the 2015-2016 fiscal year, providing an auditor's report stating that the financial statements were presented fairly, in all material respects or an unmodified opinion.

-The Community Care Fund/Allocations Process engaged 97 volunteers who contributed more than 1,200 hours reviewing agency financials and performance, participating in agency presentations and site visits, and finally, determining how to best allocate funds.

-Emergency Food & Shelter funding brought in over \$263,523 to our community to provide help with rent, mortgage, utility, food and emergency shelter assistance.

-Healthy Families Brevard received \$740,000 in funding from the Ounce of Prevention Fund of Florida. We served 219 families, with 100% of children in these families (who completed the program) free from verified abuse and neglect 12 months after program completion.

-2,371 volunteers donated 21,327 hours to United Way last year, which translated to a value of \$502,464 according to the Points of Light Foundation.

-In Education, 25,000 students had access to myON, an interactive digital library where students read more than 500,000 books. Additionally, in partnership with Brevard Public Schools, we launched the fourth year of a

Name of the organization

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community-wide awareness campaign to keep kids reading over the summer. This campaign consisted of 47,000 summer reading loss prevention kits for elementary students and advertising on television, radio, print and bus wraps. Fifty-nine elementary schools participated and 1,737 kids read enough over the summer to participate in an ice cream party when school resumed.

-In Income, United Way volunteers prepared 3,144 tax returns for low-to-moderate income workers, saving preparation costs, and assisted with eligible tax credit claims resulting in a community-wide impact of \$3.5M. Financial Education (FDIC 'Money Smart' course) taught 1,010 people how to budget, save money, and use credit wisely.

-In Health, United Way navigators assisted consumers, small businesses, and their employees (824 families) as they looked for health coverage with the online Health Insurance Marketplace. And United Way's Feed and Read program provided more than 3,600 children over 15,000 take-home meals and 16,000 books over the summer.

Form 990, Part III, Line 4a - First Accomplishment

option to directly designate their gifts to any 501(c)3 not-for-profit health and human service organization. To be eligible to receive donor designated dollars, agencies are required to submit a current IRS 501(c)3 status as well as the signed patriot act compliance form required to be filed per the Anti-Terrorism Act.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

Name of the organization

Employer identification number

United Way of Brevard County

59-0836384

Every contributor of cash donations, or cash equivalent, thereby becomes a member of the corporation and is entitled to vote at all meeting of the members during the annual year of the corporation following the contribution.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Members are allowed to vote at the annual meeting. The annual meeting of The United Way of Brevard, Inc. is held for the transaction of business and the election of members to its Board of Directors. It is held at such time as may be fixed by the Executive Committee, upon the call of the Chair of the Board, or in his/her absence, by the Chair-Elect of the selected Vice Chair.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

The primary governance decision reserved to members is to elect Board Members at the annual meeting. Once seated, the board elects its own officers.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A completed draft of the IRS Form 990 is emailed to the Board Members before submission to the IRS. Board Members are given one week to review the 990 and to submit comments and questions before it is submitted to the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Each year the ethics policy (which contains the conflict of interest policy) is reviewed with the Board of Directors and the entire staff by the

Name of the organization

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Ethics Officer. Each year the Board of Directors and the entire staff are required to review the policy, disclose any conflicts of interest and sign a statement that they have reviewed the policy.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

None of the Officers of the Organization's Board receive compensation. The Organization's Director receives a performance review each February by the Executive Committee. Based upon the performance review, the Executive Committee determines any increases or benefits to be awarded. The Board Chair then forwards a signed memo to the Executive Assistant informing her of the approved annual salary and benefits so that any changes can be made in the Organization's payroll reporting systems.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Board approves the annual budget each year that includes a budget for salaries. The President then reviews each individual employee's salary and signs an approval for any salary increases.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

If a request is made, United Way of Brevard, Inc. makes its governing documents, conflict of interest policy, and financial statements available for review at its office located at 937 Dixon Blvd.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Other Donor Designations	\$ -1,042,110
Other Donor Designations	\$ 673,883
Total	\$ -368,227

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2015

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**
▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Attachment Sequence No. **179**

Name(s) shown on return

United Way of Brevard County

Identifying number
59-0836384

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	30,559

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	30,559
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

59-0836384

Federal Asset Report

FYE: 6/30/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	COM1000Dell Dimension 2400 Celeron co	8/01/04	485			485	5 MO S/L	485	0
2	COM1001Dell OptiPlex 170L computer	5/01/05	1,078			1,078	5 MO S/L	1,078	0
3	COM1002Dell Dimension 3000 Celeron co	12/31/04	837			837	5 MO S/L	837	0
4	COM1010Dell Dimension 3000 Celeron co	12/31/04	837			837	5 MO S/L	837	0
5	COM1011Dell Dimension 3000 Celeron co	12/31/04	837			837	5 MO S/L	837	0
6	COM1012Dell Dimension 3000 Celeron co	12/31/04	837			837	5 MO S/L	837	0
7	COM1013Dell Dimension 3000 Celeron co	12/31/04	837			837	5 MO S/L	837	0
8	COM1019Dell desktop computers servers ar	12/31/05	32,954			32,954	5 MO S/L	32,954	0
9	COM1020Dell Inspiron 6400 Laptop	6/30/06	1,267			1,267	5 MO S/L	1,267	0
10	COM1021Dell OptiPlex 745 computer	12/11/06	1,318			1,318	5 MO S/L	1,318	0
11	COM1022Dell OptiPlex 745 computer	12/11/06	1,318			1,318	5 MO S/L	1,318	0
12	COM1023Dell Latitude D520 Laptop	6/30/07	1,042			1,042	5 MO S/L	1,042	0
13	COM1024Sonicwall Firewall	7/01/08	1,377			1,377	5 MO S/L	1,377	0
14	COM1025Dell Latitude D830 Laptop	7/01/08	1,275			1,275	5 MO S/L	1,275	0
15	COM1026Dell Latitude E6500 Laptop	11/14/08	1,169			1,169	5 MO S/L	1,169	0
16	COM1027Dell Precision T3400 workstation	11/21/08	1,659			1,659	5 MO S/L	1,659	0
17	COM1028Virtual Private Network	6/01/09	4,256			4,256	5 MO S/L	4,256	0
18	COM1029Dell Precision T3500 Workstation	12/16/09	1,173			1,173	5 MO S/L	1,173	0
19	COM1030Dell Server and Backup System	5/15/10	16,672			16,672	5 MO S/L	16,672	0
20	COM1031Dell Optiplex 390	11/23/11	640			640	5 MO S/L	512	128
21	COM1032Dell Optiplex 390	11/23/11	640			640	5 MO S/L	512	128
22	COM1033Dell Optiplex 390	11/23/11	640			640	5 MO S/L	512	128
23	COM1034Dell Optiplex 390	11/23/11	640			640	5 MO S/L	512	128
24	COM1035Dell Optiplex 390	11/23/11	640			640	5 MO S/L	512	128
25	COM1036Dell Optiplex 390	11/23/11	640			640	5 MO S/L	512	128
26	COM1037Sonic Wall Firewall device and 2	8/30/12	3,290			3,290	5 MO S/L	2,408	658
27	COM1038Computers- bulk purchase Cocoa	7/06/12	13,968			13,968	5 MO S/L	11,174	2,794
28	COM1039Computers CI (3) Zac Keith Gerr	7/01/14	2,240			2,240	5 MO S/L	448	448
29	COM1040Computer RD Alecia	7/01/14	900			900	5 MO S/L	180	180
30	COM1041Computer Laptop HF Sherrie	7/01/14	705			705	5 MO S/L	141	141
31	COM1042Computers Purchase (6)	6/01/16	3,354			3,354	5 MO S/L	0	56
32	SFT6002Helix ANDAR campaign software	5/16/02	20,500		X	14,350	3 MO Amort	20,500	0
33	SFT6004Helix ANDAR additional 2 license	5/01/06	3,500			3,500	3 MO Amort	3,500	0
34	SFT6005Helix ANDAR ACH & Credit Car	6/01/06	1,000			1,000	3 MO Amort	1,000	0
35	SFT6006Helix ANDAR Outlook Integration	11/01/06	1,500			1,500	3 MO Amort	1,500	0
36	SFT6007Helix ANDAR Standard M Modul	3/01/07	2,350			2,350	3 MO Amort	2,350	0
37	SFT6008Anti Virus software for Exchange :	9/01/07	1,730			1,730	3 MO Amort	1,730	0
38	SFT6009DataPro Visions - GL AP & PR m	3/01/08	4,650		X	2,325	3 MO Amort	4,650	0
39	SFT6010Adobe Software Upgrades	5/01/08	1,008		X	504	3 MO Amort	1,008	0
40	SFT6011Virtual Webserver	6/30/11	1,445			1,445	3 MO S/L	1,445	0
41	SFT6012CI Module for Andar	6/30/11	10,875			10,875	3 MO S/L	10,875	0
42	SFT6013MIG Module	3/28/13	6,400			6,400	3 MO S/L	4,978	1,422
43	SFT6014MIP Accounting Software	6/01/13	23,135			23,135	7 MO S/L	16,261	3,305
44	SFT6015EPELEDGE	6/01/16	5,000			5,000	3 MO S/L	0	139
45	EQU2000NOVA credit card machine	10/31/01	410			410	7 MO S/L	410	0
46	EQU2002Panasonic dictating machine	1/01/03	250			250	7 MO S/L	250	0
47	EQU2004Ideacom telephone system	10/01/04	11,500			11,500	7 MO S/L	11,500	0
48	EQU2005Panasonic UF-890 Fax Machine	1/01/03	1,585			1,585	7 MO S/L	1,585	0
49	EQU2006Viewsonic PJ1060 video projector	1/15/02	4,015			4,015	7 MO S/L	4,015	0
50	EQU2007Frigidaire Crown Series refridger	2/27/97	600			600	7 MO S/L	600	0
51	EQU2008AIWA 3-Disc CD and tape player	1/01/98	80			80	7 MO S/L	80	0
52	EQU2009Badge-A-Matic II	1/17/02	933			933	7 MO S/L	933	0
53	EQU2010Ibimatic document binding machi	1/01/02	259			259	7 MO S/L	259	0
54	EQU2011Emerson VCR	3/01/86	245			245	7 MO S/L	245	0
55	EQU2012Sharp 25" TV	1/01/98	180			180	7 MO S/L	180	0
56	EQU2013Sharp VCR	1/01/98	60			60	7 MO S/L	60	0
57	EQU2014Martin Yale Auto Paper Folder	11/05/98	574			574	7 MO S/L	574	0
58	EQU2015Minolta Maxxum 5 camera	1/01/03	255			255	7 MO S/L	255	0
59	EQU2016Emerson 13" TV & VCR combo	7/31/91	513			513	7 MO S/L	513	0
60	EQU2017Hypercon T7Plus credit card mac	11/01/04	583			583	7 MO S/L	583	0
61	EQU2018RCA 17" TV & VCR combo	9/01/00	150			150	7 MO S/L	150	0
62	EQU2019Epson PowerLite Projector	3/09/04	1,000			1,000	7 MO S/L	1,000	0
63	PRN4000HP Laserjet 5M Printer	9/01/03	400			400	7 MO S/L	400	0
64	PRN4001HP Laserjet 8150 DN Printer	1/08/01	2,872			2,872	7 MO S/L	2,872	0
65	PRN4002HP Color Laserjet 8550 GN Printe	8/01/00	7,640			7,640	7 MO S/L	7,640	0
66	PRN4004HP Laserjet 6L Printer	10/30/98	360			360	7 MO S/L	360	0
67	PRN4005HP Laserjet 1200 Series laser prin	12/31/01	467			467	7 MO S/L	467	0
68	PRN4006HP Laserjet 4 Plus Printer	8/31/94	825			825	7 MO S/L	825	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	PRN4007HP Color Laserjet 9500hdn	6/01/08	8,500			8,500	7 MO S/L	8,500	0
70	EQU2020DestroyIt Cross-cut shredder	5/01/06	1,829			1,829	7 MO S/L	1,829	0
71	FRN30002-door metal storage closet	3/01/97	190			190	7 MO S/L	190	0
72	FRN30012-door metal storage closet	3/01/97	190			190	7 MO S/L	190	0
73	FRN30022-drawer vertical metal filing cabi	12/01/70	295			295	7 MO S/L	295	0
74	FRN30034-drawer lateral metal filing cabin	1/01/03	390			390	7 MO S/L	390	0
75	FRN30044-drawer lateral metal filing cabin	1/01/03	390			390	7 MO S/L	390	0
76	FRN3005Metal storage cabinet	1/01/02	160			160	7 MO S/L	160	0
77	FRN30064-drawer vertical fire-proof filing	1/01/01	1,550			1,550	7 MO S/L	1,550	0
78	FRN3007Sentry A5865 Safe	1/01/02	350			350	7 MO S/L	350	0
79	FRN30084-drawer lateral metal filing cabin	1/01/03	350			350	7 MO S/L	350	0
80	FRN3009Cubicle	3/01/97	500			500	7 MO S/L	500	0
81	FRN30104-drawer lateral metal filing cabin	1/01/03	350			350	7 MO S/L	350	0
82	FRN3011Cubicle	3/01/97	500			500	7 MO S/L	500	0
83	FRN3012Cubicle	9/01/00	700			700	7 MO S/L	700	0
84	FRN3013Cubicle	9/01/00	700			700	7 MO S/L	700	0
85	FRN3014Cubicle	9/01/00	700			700	7 MO S/L	700	0
86	FRN3015Cubicle	9/01/00	700			700	7 MO S/L	700	0
87	FRN3016Gray cubicle desk	9/05/97	250			250	7 MO S/L	250	0
88	FRN30172-drawer lateral wooden filing cat	6/03/94	100			100	7 MO S/L	100	0
89	FRN30182-drawer lateral wooden filing cat	1/01/01	96			96	7 MO S/L	96	0
90	FRN3019Glass display cabinet	2/23/00	254			254	7 MO S/L	254	0
91	FRN3020Wooden storage cabinet	6/30/94	100			100	7 MO S/L	100	0
92	FRN30212-door metal storage closet	3/01/97	190			190	7 MO S/L	190	0
93	FRN30225-drawer vertical metal filing cabi	12/01/70	295			295	7 MO S/L	295	0
94	FRN3023Large conference room table	5/07/97	1,774			1,774	7 MO S/L	1,774	0
95	FRN3024TV/AV Cart	1/01/98	230			230	7 MO S/L	230	0
96	FRN3025Cubicle partition - single side	9/08/97	136			136	7 MO S/L	136	0
97	FRN3026Gray cubicle desk	9/05/97	279			279	7 MO S/L	279	0
98	FRN3027Cubicle partition - single side	9/08/97	136			136	7 MO S/L	136	0
99	FRN3028Gray cubicle desk	9/05/97	250			250	7 MO S/L	250	0
100	FRN3029Cubicle partition - single side	9/08/97	136			136	7 MO S/L	136	0
101	FRN3030Gray cubicle desk	9/05/97	250			250	7 MO S/L	250	0
102	FRN3031Cubicle partition - single side	9/08/97	136			136	7 MO S/L	136	0
103	FRN3032Gray cubicle desk	9/05/97	250			250	7 MO S/L	250	0
104	FRN30332-door metal storage closet	3/01/97	190			190	7 MO S/L	190	0
105	FRN30342-shelf gray bookshelf	2/28/97	69			69	7 MO S/L	69	0
106	FRN30355-drawer lateral metal filing cabin	5/01/02	530			530	7 MO S/L	530	0
107	FRN30362-shelf wooden bookcase	3/01/97	50			50	7 MO S/L	50	0
108	FRN3037Black leather chair	1/01/02	200			200	7 MO S/L	200	0
109	FRN3038Black leather chair	1/01/02	200			200	7 MO S/L	200	0
110	FRN3039Black leather loveseat	1/01/02	600			600	7 MO S/L	600	0
111	FRN3040Executive oak desk	6/30/94	150			150	7 MO S/L	150	0
112	FRN3041Oak coffee table	1/01/02	300			300	7 MO S/L	300	0
113	FRN3042Oak computer cart	7/31/94	67			67	7 MO S/L	67	0
114	FRN30432-drawer vertical metal filing cabi	3/01/97	85			85	7 MO S/L	85	0
115	FRN30442-shelf gray bookshelf	9/01/00	50			50	7 MO S/L	50	0
116	FRN3045L-shaped gray desk	10/06/00	434			434	7 MO S/L	434	0
117	FRN30463-sided gray desk	9/08/00	1,188			1,188	7 MO S/L	1,188	0
118	FRN30474-drawer lateral metal filing cabin	9/01/00	350			350	7 MO S/L	350	0
119	FRN30484-shelf gray bookshelf	9/01/00	250			250	7 MO S/L	250	0
120	FRN30494-drawer vertical metal filing cabi	12/01/70	295			295	7 MO S/L	295	0
121	FRN3050L-shaped gray desk	10/06/00	434			434	7 MO S/L	434	0
122	FRN30512-shelf gray bookshelf	9/01/00	50			50	7 MO S/L	50	0
123	FRN30522-shelf gray bookshelf	9/01/00	50			50	7 MO S/L	50	0
124	FRN30534-drawer lateral metal filing cabin	1/01/03	350			350	7 MO S/L	350	0
125	FRN3054L-shaped gray desk	10/06/00	434			434	7 MO S/L	434	0
126	FRN30554-drawer lateral metal filing cabin	1/01/03	295			295	7 MO S/L	295	0
127	FRN3056L-shaped gray desk	10/06/00	434			434	7 MO S/L	434	0
128	FRN30572-drawer lateral wooden filing cat	3/02/97	110			110	7 MO S/L	110	0
129	FRN30582-drawer lateral wooden filing cat	2/12/97	110			110	7 MO S/L	110	0
130	FRN30592-shelf wooden bookcase	3/02/97	69			69	7 MO S/L	69	0
131	FRN30603-drawer lateral metal filing cabin	9/16/02	287			287	7 MO S/L	287	0
132	FRN30613-sided wooden desk	2/12/97	633			633	7 MO S/L	633	0
133	FRN3062Sentry S3807 Safe	1/01/02	350			350	7 MO S/L	350	0
134	FRN30633-sided wooden desk	3/01/97	150			150	7 MO S/L	150	0
135	FRN30645-drawer lateral metal filing cabin	6/03/02	530			530	7 MO S/L	530	0
136	FRN30653-shelf wooden bookshelf	1/01/02	64			64	7 MO S/L	64	0
137	FRN30663-sided wooden desk	3/01/97	150			150	7 MO S/L	150	0
138	FRN30674-drawer lateral metal filing cabin	6/18/02	390			390	7 MO S/L	390	0
139	FRN30682-drawer lateral metal filing cabin	1/01/02	265			265	7 MO S/L	265	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
140	FRN30692-drawer vertical metal filing cabi	9/01/00	85			85	7 MO S/L	85	0
141	FRN30703-sided gray desk	8/31/00	1,150			1,150	7 MO S/L	1,150	0
142	FRN30714-drawer lateral metal filing cabin	3/01/97	350			350	7 MO S/L	350	0
143	FRN30723-sided wooden desk	3/01/97	150			150	7 MO S/L	150	0
144	FRN30735-drawer vertical metal filing cabi	12/01/70	295			295	7 MO S/L	295	0
145	FRN30745-drawer vertical metal filing cabi	12/01/70	295			295	7 MO S/L	295	0
146	FRN30752-drawer lateral metal filing cabin	3/01/97	265			265	7 MO S/L	265	0
147	FRN30763-sided gray desk	3/01/97	435			435	7 MO S/L	435	0
148	FRN30773-sided gray desk	9/08/00	1,188			1,188	7 MO S/L	1,188	0
149	FRN30784-drawer lateral metal filing cabin	9/01/00	350			350	7 MO S/L	350	0
150	FRN30792-door metal storage closet	12/01/70	295			295	7 MO S/L	295	0
151	FRN30802-door metal storage closet	3/01/97	190			190	7 MO S/L	190	0
152	FRN30815-drawer vertical metal filing cabi	12/01/70	295			295	7 MO S/L	295	0
153	FRN3082Computer desk with shelves	5/31/02	714			714	7 MO S/L	714	0
154	FRN30832-drawer vertical metal filing cabi	3/01/97	85			85	7 MO S/L	85	0
155	FRN3084Small conference room table	8/31/00	366			366	7 MO S/L	366	0
156	FRN3085TV/AV Cart	9/01/00	230			230	7 MO S/L	230	0
157	FRN3086EZ 25 Marketer Display Board	1/09/02	276			276	7 MO S/L	276	0
158	FRN30872-shelf gray bookshelf	2/28/97	69			69	7 MO S/L	69	0
159	FRN30885-drawer lateral metal filing cabin	5/01/02	530			530	7 MO S/L	530	0
160	FRN3089CComplete set of conference room	1/11/07	1,540			1,540	7 MO S/L	1,540	0
161	FRN3090Office furniture	9/01/07	1,265			1,265	7 MO S/L	1,265	0
162	FRN3091LL Desks & Cabinets	8/09/12	4,222			4,222	7 MO S/L	2,280	669
163	FRN3092LL Counter Modification	9/25/12	1,374			1,374	7 MO S/L	691	196
164	FRN3093HVAC	7/01/14	11,043			11,043	10 MO S/L	1,104	1,105
165	FRN3094Office Furniture Melbourne Office	5/01/16	5,431			5,431	7 MO S/L	0	129
166	VAN112114Econoline extended van	11/21/14	27,500			27,500	5 MO S/L	3,208	5,500
167	SGN5000Roadside sign and 2 building sign	12/01/04	1,800			1,800	7 MO S/L	1,800	0
168	937 Dixon Building	1/10/97	220,794			220,794	39 MO S/L	104,736	5,661
169	937 Dixon Building expansion 1	9/01/00	108,216			108,216	39 MO S/L	41,159	2,775
170	937 Dixon Building expansion 2	4/13/01	10,259			10,259	39 MO S/L	3,749	263
171	Landscaping	3/31/01	1,200			1,200	10 MO S/L	1,200	0
172	Electrical upgrades	1/01/03	8,819			8,819	10 MO S/L	8,819	0
173	10 Ton Air Conditioner	7/01/05	4,995			4,995	10 MO S/L	4,995	0
174	Server Room Air Conditioner Unit	8/01/05	2,075			2,075	10 MO S/L	2,058	17
175	Electrical upgrades	10/01/05	3,202			3,202	10 MO S/L	3,122	80
176	Roof replacement	6/01/08	11,485			11,485	10 MO S/L	8,135	1,149
177	Door Locks	11/30/09	2,906			2,906	10 MO S/L	1,622	291
178	Carpeting squares - 937 Dixon	7/01/11	21,653			21,653	10 MO S/L	8,661	2,166
179	CAT 6 Cable Installation	6/30/14	5,767			5,767	10 MO S/L	577	576
180	Cable Installation Melbourne Office	5/31/16	4,184			4,184	10 MO S/L	0	71
181	Land	7/01/96	20,000			20,000	0 -- Land	0	0
Total Other Depreciation			739,086			730,107		435,907	30,559
Total ACRS and Other Depreciation			739,086			730,107		435,907	30,559
Grand Totals			739,086			730,107		435,907	30,559
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			739,086			730,107		435,907	30,559

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:										
1	COM1000Dell Dimension 2400 Celeron co	8/01/04	0				0	0	HY	0
2	COM1001Dell OptiPlex 170L computer	5/01/05	0				0	0	HY	0
3	COM1002Dell Dimension 3000 Celeron co	12/31/04	0				0	0	HY	0
4	COM1010Dell Dimension 3000 Celeron co	12/31/04	0				0	0	HY	0
5	COM1011Dell Dimension 3000 Celeron co	12/31/04	0				0	0	HY	0
6	COM1012Dell Dimension 3000 Celeron co	12/31/04	0				0	0	HY	0
7	COM1013Dell Dimension 3000 Celeron co	12/31/04	0				0	0	HY	0
8	COM1019Dell desktop computers servers ar	12/31/05	0				0	0	HY	0
9	COM1020Dell Inspiron 6400 Laptop	6/30/06	0				0	0	HY	0
10	COM1021Dell OptiPlex 745 computer	12/11/06	0				0	0	HY	0
11	COM1022Dell OptiPlex 745 computer	12/11/06	0				0	0	HY	0
12	COM1023Dell Latitude D520 Laptop	6/30/07	0				0	0	HY	0
13	COM1024Sonicwall Firewall	7/01/08	0				0	0	HY	0
14	COM1025Dell Latitude D830 Laptop	7/01/08	0				0	0	HY	0
15	COM1026Dell Latitude E6500 Laptop	11/14/08	0				0	0	HY	0
16	COM1027Dell Precision T3400 workstation	11/21/08	0				0	0	HY	0
17	COM1028Virtual Private Network	6/01/09	0				0	0	HY	0
18	COM1029Dell Precision T3500 Workstation	12/16/09	0				0	0	HY	0
19	COM1030Dell Server and Backup System	5/15/10	0				0	0	HY	0
20	COM1031Dell Optiplex 390	11/23/11	0				0	0	HY	0
21	COM1032Dell Optiplex 390	11/23/11	0				0	0	HY	0
22	COM1033Dell Optiplex 390	11/23/11	0				0	0	HY	0
23	COM1034Dell Optiplex 390	11/23/11	0				0	0	HY	0
24	COM1035Dell Optiplex 390	11/23/11	0				0	0	HY	0
25	COM1036Dell Optiplex 390	11/23/11	0				0	0	HY	0
26	COM1037Sonic Wall Firewall device and 2	8/30/12	0				0	0	HY	0
27	COM1038Computers- bulk purchase Cocoa	7/06/12	0				0	0	HY	0
28	COM1039Computers CI (3) Zac Keith Gerr	7/01/14	0				0	0	HY	0
29	COM1040Computer RD Alecia	7/01/14	0				0	0	HY	0
30	COM1041Computer Laptop HF Sherrie	7/01/14	0				0	0	HY	0
31	COM1042Computers Purchase (6)	6/01/16	0				0	0	HY	0
40	SFT6011Virtual Webserver	6/30/11	0				0	0	HY	0
41	SFT6012CI Module for Andar	6/30/11	0				0	0	HY	0
42	SFT6013MIG Module	3/28/13	0				0	0	HY	0
43	SFT6014MIP Accounting Software	6/01/13	0				0	0	HY	0
44	SFT6015EPLEDGE	6/01/16	0				0	0	HY	0
45	EQU2000NOVA credit card machine	10/31/01	0				0	0	HY	0
46	EQU2002Panasonic dictating machine	1/01/03	0				0	0	HY	0
47	EQU2004Ideacom telephone system	10/01/04	0				0	0	HY	0
48	EQU2005Panasonic UF-890 Fax Machine	1/01/03	0				0	0	HY	0
49	EQU2006Viewsonic PJ1060 video projector	1/15/02	0				0	0	HY	0
50	EQU2007Frigidaire Crown Series refridger	2/27/97	0				0	0	HY	0
51	EQU2008AIWA 3-Disc CD and tape player	1/01/98	0				0	0	HY	0
52	EQU2009Badge-A-Matic II	1/17/02	0				0	0	HY	0
53	EQU2010Ibimatic document binding machi	1/01/02	0				0	0	HY	0
54	EQU2011Emerson VCR	3/01/86	0				0	0	HY	0
55	EQU2012Sharp 25" TV	1/01/98	0				0	0	HY	0
56	EQU2013Sharp VCR	1/01/98	0				0	0	HY	0
57	EQU2014Martin Yale Auto Paper Folder	11/05/98	0				0	0	HY	0
58	EQU2015Minolta Maxxum 5 camera	1/01/03	0				0	0	HY	0
59	EQU2016Emerson 13" TV & VCR combo	7/31/91	0				0	0	HY	0
60	EQU2017Hypercon T7Plus credit card macl	11/01/04	0				0	0	HY	0
61	EQU2018RCA 17" TV & VCR combo	9/01/00	0				0	0	HY	0
62	EQU2019Epson PowerLite Projector	3/09/04	0				0	0	HY	0
63	PRN4000HP Laserjet 5M Printer	9/01/03	0				0	0	HY	0
64	PRN4001HP Laserjet 8150 DN Printer	1/08/01	0				0	0	HY	0
65	PRN4002HP Color Laserjet 8550 GN Printe	8/01/00	0				0	0	HY	0
66	PRN4004HP Laserjet 6L Printer	10/30/98	0				0	0	HY	0
67	PRN4005HP Laserjet 1200 Series laser prin	12/31/01	0				0	0	HY	0
68	PRN4006HP Laserjet 4 Plus Printer	8/31/94	0				0	0	HY	0
69	PRN4007HP Color Laserjet 9500hdn	6/01/08	0				0	0	HY	0
70	EQU2020DestroyIt Cross-cut shredder	5/01/06	0				0	0	HY	0
71	FRN30002-door metal storage closet	3/01/97	0				0	0	HY	0
72	FRN30012-door metal storage closet	3/01/97	0				0	0	HY	0
73	FRN30022-drawer vertical metal filing cabi	12/01/70	0				0	0	HY	0
74	FRN30034-drawer lateral metal filing cabin	1/01/03	0				0	0	HY	0
75	FRN30044-drawer lateral metal filing cabin	1/01/03	0				0	0	HY	0
76	FRN3005Metal storage cabinet	1/01/02	0				0	0	HY	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
77	FRN30064-drawer vertical fire-proof filing	1/01/01	0				0	0 HY	0	0
78	FRN3007Sentry A5865 Safe	1/01/02	0				0	0 HY	0	0
79	FRN30084-drawer lateral metal filing cabin	1/01/03	0				0	0 HY	0	0
80	FRN3009Cubicle	3/01/97	0				0	0 HY	0	0
81	FRN30104-drawer lateral metal filing cabin	1/01/03	0				0	0 HY	0	0
82	FRN3011Cubicle	3/01/97	0				0	0 HY	0	0
83	FRN3012Cubicle	9/01/00	0				0	0 HY	0	0
84	FRN3013Cubicle	9/01/00	0				0	0 HY	0	0
85	FRN3014Cubicle	9/01/00	0				0	0 HY	0	0
86	FRN3015Cubicle	9/01/00	0				0	0 HY	0	0
87	FRN3016Gray cubicle desk	9/05/97	0				0	0 HY	0	0
88	FRN30172-drawer lateral wooden filing cab	6/03/94	0				0	0 HY	0	0
89	FRN30182-drawer lateral wooden filing cab	1/01/01	0				0	0 HY	0	0
90	FRN3019Glass display cabinet	2/23/00	0				0	0 HY	0	0
91	FRN3020Wooden storage cabinet	6/30/94	0				0	0 HY	0	0
92	FRN30212-door metal storage closet	3/01/97	0				0	0 HY	0	0
93	FRN30225-drawer vertical metal filing cabi	12/01/70	0				0	0 HY	0	0
94	FRN3023Large conference room table	5/07/97	0				0	0 HY	0	0
95	FRN3024TV/AV Cart	1/01/98	0				0	0 HY	0	0
96	FRN3025Cubicle partition - single side	9/08/97	0				0	0 HY	0	0
97	FRN3026Gray cubicle desk	9/05/97	0				0	0 HY	0	0
98	FRN3027Cubicle partition - single side	9/08/97	0				0	0 HY	0	0
99	FRN3028Gray cubicle desk	9/05/97	0				0	0 HY	0	0
100	FRN3029Cubicle partition - single side	9/08/97	0				0	0 HY	0	0
101	FRN3030Gray cubicle desk	9/05/97	0				0	0 HY	0	0
102	FRN3031Cubicle partition - single side	9/08/97	0				0	0 HY	0	0
103	FRN3032Gray cubicle desk	9/05/97	0				0	0 HY	0	0
104	FRN30332-door metal storage closet	3/01/97	0				0	0 HY	0	0
105	FRN30342-shelf gray bookshelf	2/28/97	0				0	0 HY	0	0
106	FRN30355-drawer lateral metal filing cabin	5/01/02	0				0	0 HY	0	0
107	FRN30362-shelf wooden bookcase	3/01/97	0				0	0 HY	0	0
108	FRN3037Black leather chair	1/01/02	0				0	0 HY	0	0
109	FRN3038Black leather chair	1/01/02	0				0	0 HY	0	0
110	FRN3039Black leather loveseat	1/01/02	0				0	0 HY	0	0
111	FRN3040Executive oak desk	6/30/94	0				0	0 HY	0	0
112	FRN3041Oak coffee table	1/01/02	0				0	0 HY	0	0
113	FRN3042Oak computer cart	7/31/94	0				0	0 HY	0	0
114	FRN30432-drawer vertical metal filing cabi	3/01/97	0				0	0 HY	0	0
115	FRN30442-shelf gray bookshelf	9/01/00	0				0	0 HY	0	0
116	FRN3045L-shaped gray desk	10/06/00	0				0	0 HY	0	0
117	FRN30463-sided gray desk	9/08/00	0				0	0 HY	0	0
118	FRN30474-drawer lateral metal filing cabin	9/01/00	0				0	0 HY	0	0
119	FRN30484-shelf gray bookshelf	9/01/00	0				0	0 HY	0	0
120	FRN30494-drawer vertical metal filing cabi	12/01/70	0				0	0 HY	0	0
121	FRN3050L-shaped gray desk	10/06/00	0				0	0 HY	0	0
122	FRN30512-shelf gray bookshelf	9/01/00	0				0	0 HY	0	0
123	FRN30522-shelf gray bookshelf	9/01/00	0				0	0 HY	0	0
124	FRN30534-drawer lateral metal filing cabin	1/01/03	0				0	0 HY	0	0
125	FRN3054L-shaped gray desk	10/06/00	0				0	0 HY	0	0
126	FRN30554-drawer lateral metal filing cabin	1/01/03	0				0	0 HY	0	0
127	FRN3056L-shaped gray desk	10/06/00	0				0	0 HY	0	0
128	FRN30572-drawer lateral wooden filing cab	3/02/97	0				0	0 HY	0	0
129	FRN30582-drawer lateral wooden filing cab	2/12/97	0				0	0 HY	0	0
130	FRN30592-shelf wooden bookcase	3/02/97	0				0	0 HY	0	0
131	FRN30603-drawer lateral metal filing cabin	9/16/02	0				0	0 HY	0	0
132	FRN30613-sided wooden desk	2/12/97	0				0	0 HY	0	0
133	FRN3062Sentry S3807 Safe	1/01/02	0				0	0 HY	0	0
134	FRN30633-sided wooden desk	3/01/97	0				0	0 HY	0	0
135	FRN30645-drawer lateral metal filing cabin	6/03/02	0				0	0 HY	0	0
136	FRN30653-shelf wooden bookshelf	1/01/02	0				0	0 HY	0	0
137	FRN30663-sided wooden desk	3/01/97	0				0	0 HY	0	0
138	FRN30674-drawer lateral metal filing cabin	6/18/02	0				0	0 HY	0	0
139	FRN30682-drawer lateral metal filing cabin	1/01/02	0				0	0 HY	0	0
140	FRN30692-drawer vertical metal filing cabi	9/01/00	0				0	0 HY	0	0
141	FRN30703-sided gray desk	8/31/00	0				0	0 HY	0	0
142	FRN30714-drawer lateral metal filing cabin	3/01/97	0				0	0 HY	0	0
143	FRN30723-sided wooden desk	3/01/97	0				0	0 HY	0	0
144	FRN30735-drawer vertical metal filing cabi	12/01/70	0				0	0 HY	0	0
145	FRN30745-drawer vertical metal filing cabi	12/01/70	0				0	0 HY	0	0
146	FRN30752-drawer lateral metal filing cabin	3/01/97	0				0	0 HY	0	0
147	FRN30763-sided gray desk	3/01/97	0				0	0 HY	0	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
148	FRN30773-sided gray desk	9/08/00	0				0	0 HY	0	0
149	FRN30784-drawer lateral metal filing cabin	9/01/00	0				0	0 HY	0	0
150	FRN30792-door metal storage closet	12/01/70	0				0	0 HY	0	0
151	FRN30802-door metal storage closet	3/01/97	0				0	0 HY	0	0
152	FRN30815-drawer vertical metal filing cabi	12/01/70	0				0	0 HY	0	0
153	FRN3082Computer desk with shelves	5/31/02	0				0	0 HY	0	0
154	FRN30832-drawer vertical metal filing cabi	3/01/97	0				0	0 HY	0	0
155	FRN3084Small conference room table	8/31/00	0				0	0 HY	0	0
156	FRN3085TV/AV Cart	9/01/00	0				0	0 HY	0	0
157	FRN3086EZ 25 Marketer Display Board	1/09/02	0				0	0 HY	0	0
158	FRN30872-shelf gray bookshelf	2/28/97	0				0	0 HY	0	0
159	FRN30885-drawer lateral metal filing cabin	5/01/02	0				0	0 HY	0	0
160	FRN3089Complete set of conference room	1/11/07	0				0	0 HY	0	0
161	FRN3090Office furniture	9/01/07	0				0	0 HY	0	0
162	FRN3091LL Desks & Cabinets	8/09/12	0				0	0 HY	0	0
163	FRN3092LL Counter Modification	9/25/12	0				0	0 HY	0	0
164	FRN3093HVAC	7/01/14	0				0	0 HY	0	0
165	FRN3094Office Furniture Melbourne Office	5/01/16	0				0	0 HY	0	0
166	VAN112114Econoline extended van	11/21/14	0				0	0 HY	0	0
167	SGN5000Roadside sign and 2 building sign	12/01/04	0				0	0 HY	0	0
168	937 Dixon Building	1/10/97	0				0	0 HY	0	0
169	937 Dixon Building expansion 1	9/01/00	0				0	0 HY	0	0
170	937 Dixon Building expansion 2	4/13/01	0				0	0 HY	0	0
171	Landscaping	3/31/01	0				0	0 HY	0	0
172	Electrical upgrades	1/01/03	0				0	0 HY	0	0
173	10 Ton Air Conditioner	7/01/05	0				0	0 HY	0	0
174	Server Room Air Conditioner Unit	8/01/05	0				0	0 HY	0	0
175	Electrical upgrades	10/01/05	0				0	0 HY	0	0
176	Roof replacement	6/01/08	0				0	0 HY	0	0
177	Door Locks	11/30/09	0				0	0 HY	0	0
178	Carpeting squares - 937 Dixon	7/01/11	0				0	0 HY	0	0
179	CAT 6 Cable Installation	6/30/14	0				0	0 HY	0	0
180	Cable Installation Melbourne Office	5/31/16	0				0	0 HY	0	0
181	Land	7/01/96	0				0	0 HY	0	0
Total Other Depreciation			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
Grand Totals			0			0			0	0
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
32	SFT6002Helix ANDAR campaign software	5/16/02	20,500	100	0	0	6,150	14,350
38	SFT6009DataPro Visions - GL AP & PR moc	3/01/08	4,650	100	0	0	2,325	2,325
39	SFT6010Adobe Software Upgrades	5/01/08	1,008	100	0	0	504	504
	Form 990, Page 1		<u>26,158</u>		<u>0</u>	<u>0</u>	<u>8,979</u>	<u>17,179</u>
	Grand Total		<u>26,158</u>		<u>0</u>	<u>0</u>	<u>8,979</u>	<u>17,179</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Future Depreciation Report**FYE: 6/30/17**

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	COM1000Dell Dimension 2400 Celeron comput	8/01/04	485	0	0
2	COM1001Dell OptiPlex 170L computer	5/01/05	1,078	0	0
3	COM1002Dell Dimension 3000 Celeron comput	12/31/04	837	0	0
4	COM1010Dell Dimension 3000 Celeron comput	12/31/04	837	0	0
5	COM1011Dell Dimension 3000 Celeron comput	12/31/04	837	0	0
6	COM1012Dell Dimension 3000 Celeron comput	12/31/04	837	0	0
7	COM1013Dell Dimension 3000 Celeron comput	12/31/04	837	0	0
8	COM1019Dell desktop computers servers and ta	12/31/05	32,954	0	0
9	COM1020Dell Inspiron 6400 Laptop	6/30/06	1,267	0	0
10	COM1021Dell OptiPlex 745 computer	12/11/06	1,318	0	0
11	COM1022Dell OptiPlex 745 computer	12/11/06	1,318	0	0
12	COM1023Dell Latitude D520 Laptop	6/30/07	1,042	0	0
13	COM1024Sonicwall Firewall	7/01/08	1,377	0	0
14	COM1025Dell Latitude D830 Laptop	7/01/08	1,275	0	0
15	COM1026Dell Latitude E6500 Laptop	11/14/08	1,169	0	0
16	COM1027Dell Precision T3400 workstation	11/21/08	1,659	0	0
17	COM1028Virtual Private Network	6/01/09	4,256	0	0
18	COM1029Dell Precision T3500 Workstation	12/16/09	1,173	0	0
19	COM1030Dell Server and Backup System	5/15/10	16,672	0	0
20	COM1031Dell Optiplex 390	11/23/11	640	0	0
21	COM1032Dell Optiplex 390	11/23/11	640	0	0
22	COM1033Dell Optiplex 390	11/23/11	640	0	0
23	COM1034Dell Optiplex 390	11/23/11	640	0	0
24	COM1035Dell Optiplex 390	11/23/11	640	0	0
25	COM1036Dell Optiplex 390	11/23/11	640	0	0
26	COM1037Sonic Wall Firewall device and 2 year	8/30/12	3,290	224	0
27	COM1038Computers- bulk purchase Cocoa Offi	7/06/12	13,968	0	0
28	COM1039Computers CI (3) Zac Keith Gerri	7/01/14	2,240	448	0
29	COM1040Computer RD Alecia	7/01/14	900	180	0
30	COM1041Computer Laptop HF Sherrie	7/01/14	705	141	0
31	COM1042Computers Purchase (6)	6/01/16	3,354	671	0
32	SFT6002Helix ANDAR campaign software	5/16/02	20,500	0	0
33	SFT6004Helix ANDAR additional 2 licenses	5/01/06	3,500	0	0
34	SFT6005Helix ANDAR ACH & Credit Card Mc	6/01/06	1,000	0	0
35	SFT6006Helix ANDAR Outlook Integration Mo	11/01/06	1,500	0	0
36	SFT6007Helix ANDAR Standard M Module	3/01/07	2,350	0	0
37	SFT6008Anti Virus software for Exchange serve	9/01/07	1,730	0	0
38	SFT6009DataPro Visions - GL AP & PR module	3/01/08	4,650	0	0
39	SFT6010Adobe Software Upgrades	5/01/08	1,008	0	0
40	SFT6011Virtual Webserver	6/30/11	1,445	0	0
41	SFT6012CI Module for Andar	6/30/11	10,875	0	0
42	SFT6013MIG Module	3/28/13	6,400	0	0
43	SFT6014MIP Accounting Software	6/01/13	23,135	3,305	0
44	SFT6015EPLEDGE	6/01/16	5,000	1,667	0
45	EQU2000NOVA credit card machine	10/31/01	410	0	0
46	EQU2002Panasonic dictating machine	1/01/03	250	0	0
47	EQU2004Ideacom telephone system	10/01/04	11,500	0	0
48	EQU2005Panasonic UF-890 Fax Machine	1/01/03	1,585	0	0
49	EQU2006Viewsonic PJ1060 video projector	1/15/02	4,015	0	0
50	EQU2007Frigidaire Crown Series refrigerator	2/27/97	600	0	0
51	EQU2008AIWA 3-Disc CD and tape player	1/01/98	80	0	0
52	EQU2009Badge-A-Matic II	1/17/02	933	0	0
53	EQU2010Ibimatic document binding machine	1/01/02	259	0	0
54	EQU2011Emerson VCR	3/01/86	245	0	0
55	EQU2012Sharp 25" TV	1/01/98	180	0	0
56	EQU2013Sharp VCR	1/01/98	60	0	0
57	EQU2014Martin Yale Auto Paper Folder	11/05/98	574	0	0
58	EQU2015Minolta Maxxum 5 camera	1/01/03	255	0	0
59	EQU2016Emerson 13" TV & VCR combo	7/31/91	513	0	0
60	EQU2017Hypercon T7Plus credit card machine	11/01/04	583	0	0
61	EQU2018RCA 17" TV & VCR combo	9/01/00	150	0	0
62	EQU2019Epson PowerLite Projector	3/09/04	1,000	0	0
63	PRN4000HP Laserjet 5M Printer	9/01/03	400	0	0
64	PRN4001HP Laserjet 8150 DN Printer	1/08/01	2,872	0	0
65	PRN4002HP Color Laserjet 8550 GN Printer	8/01/00	7,640	0	0
66	PRN4004HP Laserjet 6L Printer	10/30/98	360	0	0
67	PRN4005HP Laserjet 1200 Series laser printer	12/31/01	467	0	0

Future Depreciation Report**FYE: 6/30/17****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
68	PRN4006HP Laserjet 4 Plus Printer	8/31/94	825	0	0
69	PRN4007HP Color Laserjet 9500hdn	6/01/08	8,500	0	0
70	EQU2020DestroyIt Cross-cut shredder	5/01/06	1,829	0	0
71	FRN30002-door metal storage closet	3/01/97	190	0	0
72	FRN30012-door metal storage closet	3/01/97	190	0	0
73	FRN30022-drawer vertical metal filing cabinet	12/01/70	295	0	0
74	FRN30034-drawer lateral metal filing cabinet	1/01/03	390	0	0
75	FRN30044-drawer lateral metal filing cabinet	1/01/03	390	0	0
76	FRN3005Metal storage cabinet	1/01/02	160	0	0
77	FRN30064-drawer vertical fire-proof filing ca	1/01/01	1,550	0	0
78	FRN3007Sentry A5865 Safe	1/01/02	350	0	0
79	FRN30084-drawer lateral metal filing cabinet	1/01/03	350	0	0
80	FRN3009Cubicle	3/01/97	500	0	0
81	FRN30104-drawer lateral metal filing cabinet	1/01/03	350	0	0
82	FRN3011Cubicle	3/01/97	500	0	0
83	FRN3012Cubicle	9/01/00	700	0	0
84	FRN3013Cubicle	9/01/00	700	0	0
85	FRN3014Cubicle	9/01/00	700	0	0
86	FRN3015Cubicle	9/01/00	700	0	0
87	FRN3016Gray cubicle desk	9/05/97	250	0	0
88	FRN30172-drawer lateral wooden filing cabinet	6/03/94	100	0	0
89	FRN30182-drawer lateral wooden filing cabinet	1/01/01	96	0	0
90	FRN3019Glass display cabinet	2/23/00	254	0	0
91	FRN3020Wooden storage cabinet	6/30/94	100	0	0
92	FRN30212-door metal storage closet	3/01/97	190	0	0
93	FRN30225-drawer vertical metal filing cabinet	12/01/70	295	0	0
94	FRN3023Large conference room table	5/07/97	1,774	0	0
95	FRN3024TV/AV Cart	1/01/98	230	0	0
96	FRN3025Cubicle partition - single side	9/08/97	136	0	0
97	FRN3026Gray cubicle desk	9/05/97	279	0	0
98	FRN3027Cubicle partition - single side	9/08/97	136	0	0
99	FRN3028Gray cubicle desk	9/05/97	250	0	0
100	FRN3029Cubicle partition - single side	9/08/97	136	0	0
101	FRN3030Gray cubicle desk	9/05/97	250	0	0
102	FRN3031Cubicle partition - single side	9/08/97	136	0	0
103	FRN3032Gray cubicle desk	9/05/97	250	0	0
104	FRN30332-door metal storage closet	3/01/97	190	0	0
105	FRN30342-shelf gray bookshelf	2/28/97	69	0	0
106	FRN30355-drawer lateral metal filing cabinet	5/01/02	530	0	0
107	FRN30362-shelf wooden bookcase	3/01/97	50	0	0
108	FRN3037Black leather chair	1/01/02	200	0	0
109	FRN3038Black leather chair	1/01/02	200	0	0
110	FRN3039Black leather loveseat	1/01/02	600	0	0
111	FRN3040Executive oak desk	6/30/94	150	0	0
112	FRN3041Oak coffee table	1/01/02	300	0	0
113	FRN3042Oak computer cart	7/31/94	67	0	0
114	FRN30432-drawer vertical metal filing cabinet	3/01/97	85	0	0
115	FRN30442-shelf gray bookshelf	9/01/00	50	0	0
116	FRN3045L-shaped gray desk	10/06/00	434	0	0
117	FRN30463-sided gray desk	9/08/00	1,188	0	0
118	FRN30474-drawer lateral metal filing cabinet	9/01/00	350	0	0
119	FRN30484-shelf gray bookshelf	9/01/00	250	0	0
120	FRN30494-drawer vertical metal filing cabinet	12/01/70	295	0	0
121	FRN3050L-shaped gray desk	10/06/00	434	0	0
122	FRN30512-shelf gray bookshelf	9/01/00	50	0	0
123	FRN30522-shelf gray bookshelf	9/01/00	50	0	0
124	FRN30534-drawer lateral metal filing cabinet	1/01/03	350	0	0
125	FRN3054L-shaped gray desk	10/06/00	434	0	0
126	FRN30554-drawer lateral metal filing cabinet	1/01/03	295	0	0
127	FRN3056L-shaped gray desk	10/06/00	434	0	0
128	FRN30572-drawer lateral wooden filing cabinet	3/02/97	110	0	0
129	FRN30582-drawer lateral wooden filing cabinet	2/12/97	110	0	0
130	FRN30592-shelf wooden bookcase	3/02/97	69	0	0
131	FRN30603-drawer lateral metal filing cabinet	9/16/02	287	0	0
132	FRN30613-sided wooden desk	2/12/97	633	0	0
133	FRN3062Sentry S3807 Safe	1/01/02	350	0	0
134	FRN30633-sided wooden desk	3/01/97	150	0	0
135	FRN30645-drawer lateral metal filing cabinet	6/03/02	530	0	0
136	FRN30653-shelf wooden bookshelf	1/01/02	64	0	0
137	FRN30663-sided wooden desk	3/01/97	150	0	0
138	FRN30674-drawer lateral metal filing cabinet	6/18/02	390	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
139	FRN30682-drawer lateral metal filing cabinet	1/01/02	265	0	0
140	FRN30692-drawer vertical metal filing cabinet	9/01/00	85	0	0
141	FRN30703-sided gray desk	8/31/00	1,150	0	0
142	FRN30714-drawer lateral metal filing cabinet	3/01/97	350	0	0
143	FRN30723-sided wooden desk	3/01/97	150	0	0
144	FRN30735-drawer vertical metal filing cabinet	12/01/70	295	0	0
145	FRN30745-drawer vertical metal filing cabinet	12/01/70	295	0	0
146	FRN30752-drawer lateral metal filing cabinet	3/01/97	265	0	0
147	FRN30763-sided gray desk	3/01/97	435	0	0
148	FRN30773-sided gray desk	9/08/00	1,188	0	0
149	FRN30784-drawer lateral metal filing cabinet	9/01/00	350	0	0
150	FRN30792-door metal storage closet	12/01/70	295	0	0
151	FRN30802-door metal storage closet	3/01/97	190	0	0
152	FRN30815-drawer vertical metal filing cabinet	12/01/70	295	0	0
153	FRN3082Computer desk with shelves	5/31/02	714	0	0
154	FRN30832-drawer vertical metal filing cabinet	3/01/97	85	0	0
155	FRN3084Small conference room table	8/31/00	366	0	0
156	FRN3085TV/AV Cart	9/01/00	230	0	0
157	FRN3086EZ 25 Marketer Display Board	1/09/02	276	0	0
158	FRN30872-shelf gray bookshelf	2/28/97	69	0	0
159	FRN30885-drawer lateral metal filing cabinet	5/01/02	530	0	0
160	FRN3089Complete set of conference room chair	1/11/07	1,540	0	0
161	FRN3090Office furniture	9/01/07	1,265	0	0
162	FRN3091LL Desks & Cabinets	8/09/12	4,222	604	0
163	FRN3092LL Counter Modification	9/25/12	1,374	197	0
164	FRN3093HVAC	7/01/14	11,043	1,104	0
165	FRN3094Office Furniture Melbourne Office	5/01/16	5,431	776	0
166	VAN112114Econoline extended van	11/21/14	27,500	5,500	0
167	SGN5000Roadside sign and 2 building signs	12/01/04	1,800	0	0
168	937 Dixon Building	1/10/97	220,794	5,661	0
169	937 Dixon Building expansion 1	9/01/00	108,216	2,774	0
170	937 Dixon Building expansion 2	4/13/01	10,259	263	0
171	Landscaping	3/31/01	1,200	0	0
172	Electrical upgrades	1/01/03	8,819	0	0
173	10 Ton Air Conditioner	7/01/05	4,995	0	0
174	Server Room Air Conditioner Unit	8/01/05	2,075	0	0
175	Electrical upgrades	10/01/05	3,202	0	0
176	Roof replacement	6/01/08	11,485	1,148	0
177	Door Locks	11/30/09	2,906	290	0
178	Carpeting squares - 937 Dixon	7/01/11	21,653	2,165	0
179	CAT 6 Cable Installation	6/30/14	5,767	577	0
180	Cable Installation Melbourne Office	5/31/16	4,184	419	0
181	Land	7/01/96	20,000	0	0
	Total Other Depreciation		<u>739,086</u>	<u>28,114</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>739,086</u>	<u>28,114</u>	<u>0</u>
	Grand Totals		<u>739,086</u>	<u>28,114</u>	<u>0</u>

Federal Statements

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest and Dividend	\$ 51,380		18			
Endowment investment income	6,501		18			
Realized loss	-407		18			
Total	<u>\$ 57,474</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Contract Services	\$ 30,068	9,570	1,614	18,884
	8,397	8,397		
	27	27		
Total	\$ 38,492	\$ 17,994	\$ 1,614	\$ 18,884

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Bank fees	\$ 7,875	96	1,203	6,576
Total	\$ 7,875	\$ 96	\$ 1,203	\$ 6,576

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Interest and Dividend	\$ 51,380
Endowment investment income	6,501
Realized loss	-407
Total	<u>\$ 57,474</u>

Schedule A, Part II, Line 12

Description	Amount
Administration fee income	\$ 37,856
Other Revenue	60,816
Events	37,092
Total	<u>\$ 135,764</u>