November 14, 2019

CONFIDENTIAL

United Way of Brevard County
1100 Rockledge Blvd., Suite 300
Rockledge, FL 32955

Dear :

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Whittaker Cooper Financial Group
## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning 07/01/18, and ending 06/30/19

### United Way of Brevard County

#### Net Asset / Fund Balance at Beginning of Year

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>8,849,502</td>
</tr>
<tr>
<td>Program service revenue</td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td>151,619</td>
</tr>
<tr>
<td>Capital gain / loss</td>
<td>179,141</td>
</tr>
<tr>
<td>Fundraising / Gaming:</td>
<td>59,441</td>
</tr>
<tr>
<td>Gross revenue</td>
<td></td>
</tr>
<tr>
<td>Direct expenses</td>
<td>73,481</td>
</tr>
<tr>
<td>Net income</td>
<td>-14,040</td>
</tr>
<tr>
<td>Other income</td>
<td>82,999</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>9,249,221</td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
</tr>
<tr>
<td>Program services</td>
<td>7,179,914</td>
</tr>
<tr>
<td>Management and general</td>
<td>314,373</td>
</tr>
<tr>
<td>Fundraising</td>
<td>612,576</td>
</tr>
<tr>
<td>Total expenses</td>
<td></td>
</tr>
<tr>
<td>Excess / (deficit)</td>
<td></td>
</tr>
<tr>
<td>Changes</td>
<td></td>
</tr>
<tr>
<td><strong>Net Asset / Fund Balance at End of Year</strong></td>
<td>3,746,264</td>
</tr>
</tbody>
</table>

### Reconciliation of Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenue per financial statements</td>
<td>7,668,505</td>
</tr>
<tr>
<td>Less:</td>
<td></td>
</tr>
<tr>
<td>Unrealized gains</td>
<td>63,569</td>
</tr>
<tr>
<td>Donated services</td>
<td></td>
</tr>
<tr>
<td>Recoveries</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>193</td>
</tr>
<tr>
<td>Plus:</td>
<td></td>
</tr>
<tr>
<td>Investment expenses</td>
<td>14,137</td>
</tr>
<tr>
<td>Other</td>
<td>1,630,341</td>
</tr>
<tr>
<td><strong>Total revenue per return</strong></td>
<td>9,249,221</td>
</tr>
</tbody>
</table>

### Reconciliation of Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenses per financial statements</td>
<td>7,275,193</td>
</tr>
<tr>
<td>Less:</td>
<td></td>
</tr>
<tr>
<td>Donated services</td>
<td></td>
</tr>
<tr>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>Losses</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Plus:</td>
<td></td>
</tr>
<tr>
<td>Investment expenses</td>
<td>14,137</td>
</tr>
<tr>
<td>Other</td>
<td>817,533</td>
</tr>
<tr>
<td><strong>Total expenses per return</strong></td>
<td>8,106,863</td>
</tr>
</tbody>
</table>

### Balance Sheet

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning</th>
<th>Ending</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td>6,669,098</td>
<td>7,742,271</td>
<td>393,312</td>
</tr>
<tr>
<td>Liabilities</td>
<td>3,316,146</td>
<td>3,996,007</td>
<td></td>
</tr>
<tr>
<td>Net assets</td>
<td>3,352,952</td>
<td>3,746,264</td>
<td></td>
</tr>
</tbody>
</table>

### Miscellaneous Information

- Amended return
- Return / extended due date: 11/15/19
- Failure to file penalty
<table>
<thead>
<tr>
<th>Name</th>
<th>Taxpayer Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way of Brevard County</td>
<td>59-0836384</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2017</th>
<th>2018</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contributions, gifts, grants</td>
<td>6,840,379</td>
<td>7,219,615</td>
<td>379,236</td>
</tr>
<tr>
<td>2. Membership dues and assessments</td>
<td>1,780,018</td>
<td>1,629,887</td>
<td>-150,131</td>
</tr>
<tr>
<td>3. Government contributions and grants</td>
<td>111,843</td>
<td>151,619</td>
<td>39,776</td>
</tr>
<tr>
<td>4. Program service revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Investment income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Proceeds from tax exempt bonds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Net gain or (loss) from sale of assets other than inventory</td>
<td>6,250</td>
<td>179,141</td>
<td>172,891</td>
</tr>
<tr>
<td>8. Net income or (loss) from fundraising events</td>
<td>-8,612</td>
<td>-14,040</td>
<td>-5,428</td>
</tr>
<tr>
<td>9. Net income or (loss) from gaming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Net gain or (loss) on sales of inventory</td>
<td>120,382</td>
<td>82,999</td>
<td>-37,383</td>
</tr>
<tr>
<td>11. Other revenue</td>
<td>8,850,260</td>
<td>9,249,221</td>
<td>398,961</td>
</tr>
<tr>
<td>12. Total revenue. Add lines 1 through 11</td>
<td>3,265,229</td>
<td>3,505,933</td>
<td>240,704</td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Grants and similar amounts paid</td>
<td>249,920</td>
<td>251,520</td>
<td>1,600</td>
</tr>
<tr>
<td>14. Benefits paid to or for members</td>
<td>1,791,498</td>
<td>1,912,599</td>
<td>121,101</td>
</tr>
<tr>
<td>15. Compensation of officers, directors, trustees, etc.</td>
<td>131,774</td>
<td>78,210</td>
<td>-53,564</td>
</tr>
<tr>
<td>16. Salaries, other compensation, and employee benefits</td>
<td>66,529</td>
<td>126,021</td>
<td>59,492</td>
</tr>
<tr>
<td>17. Professional fundraising fees</td>
<td>31,258</td>
<td>18,583</td>
<td>-12,675</td>
</tr>
<tr>
<td>18. Other professional fees</td>
<td>2,650,528</td>
<td>2,213,997</td>
<td>-436,531</td>
</tr>
<tr>
<td>19. Occupancy, rent, utilities, and maintenance</td>
<td>8,186,736</td>
<td>8,106,863</td>
<td>-79,873</td>
</tr>
<tr>
<td>20. Depreciation and Depletion</td>
<td>663,524</td>
<td>1,142,358</td>
<td>478,834</td>
</tr>
<tr>
<td>21. Other expenses</td>
<td>6,669,098</td>
<td>7,742,271</td>
<td>1,073,173</td>
</tr>
<tr>
<td>22. Total expenses. Add lines 13 through 21</td>
<td>3,316,146</td>
<td>3,996,007</td>
<td>679,861</td>
</tr>
<tr>
<td>23. Excess or (Deficit). Subtract line 22 from line 12</td>
<td>3,352,952</td>
<td>3,746,264</td>
<td>393,312</td>
</tr>
<tr>
<td>24. Total exempt revenue</td>
<td>238,475</td>
<td>413,759</td>
<td>175,284</td>
</tr>
<tr>
<td>25. Total unrelated revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Total excludable revenue</td>
<td>238,475</td>
<td>413,759</td>
<td>175,284</td>
</tr>
<tr>
<td>27. Total assets</td>
<td>6,669,098</td>
<td>7,742,271</td>
<td>1,073,173</td>
</tr>
<tr>
<td>28. Total liabilities</td>
<td>3,316,146</td>
<td>3,996,007</td>
<td>679,861</td>
</tr>
<tr>
<td>29. Retained earnings</td>
<td>3,352,952</td>
<td>3,746,264</td>
<td>393,312</td>
</tr>
<tr>
<td>Other Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Number of voting members of governing body</td>
<td>51</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>31. Number of independent voting members of governing body</td>
<td>51</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>32. Number of employees</td>
<td>48</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>33. Number of volunteers</td>
<td>2400</td>
<td>1400</td>
<td></td>
</tr>
</tbody>
</table>
Filing Instructions

United Way of Brevard County

Exempt Organization Tax Return

Taxable Year Ended June 30, 2019

Date Due: November 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 6/30/19 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Whittaker Cooper Financial Group
1692 West Hibiscus Boulevard
Melbourne, FL 32901
Fax: 321-722-4460
Email: marianne@whittaker-cooper.com

*Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning _______ 7/01 _______, 2018, and ending _______ 6/30, 201________ 

Name of exempt organization

United Way of Brevard County

Name and title of officer

Robert Rains
President

Employer identification number

59-0836384

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

<table>
<thead>
<tr>
<th>Type of Return</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Form 990 check here</td>
<td>Total revenue, if any (Form 990, Part VIII, column (A), line 12)</td>
<td>1b 9,249,221</td>
</tr>
<tr>
<td>2a Form 990-EZ check here</td>
<td>Total revenue, if any (Form 990-EZ, line 9)</td>
<td>2b</td>
</tr>
<tr>
<td>3a Form 1120-POL check here</td>
<td>Total tax (Form 1120-POL, line 22)</td>
<td>3b</td>
</tr>
<tr>
<td>4a Form 990-PF check here</td>
<td>Tax based on investment income (Form 990-PF, Part VI, line 5)</td>
<td>4b</td>
</tr>
<tr>
<td>5a Form 8868 check here</td>
<td>Balance Due (Form 8868, line 3c)</td>
<td>5b</td>
</tr>
</tbody>
</table>

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 2018 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

ERG firm name

Enter five numbers, but do not enter all zeros

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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.

Part III Certification and Authentication

ERG'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 2018 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.

ERG's signature

Date 11/14/19

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.
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

United Way is the trusted community source that mobilizes our community to care. Ultimately, this creates a stronger economy and a better place to live for all. See additional information on Schedule O.

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 38

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Grants and similar amounts paid (Part IX, column (A), lines 1–3)

Benefits paid to or for members (Part IX, column (A), line 4)

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

Professional fundraising fees (Part IX, column (A), line 1e)

Total fundraising expenses (Part IX, column (D), line 25) u

Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 18 from line 12

Prior Year 8,620,397 8,849,502

Current Year 0 0

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0 0

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16 Professional fundraising fees (Part IX, column (A), line 1e)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

3,255,229 3,505,933

Beginning of Current Year 663,524 1,142,358

End of Year 0 0

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

6,669,098 7,742,271

3,316,146 3,996,007

3,352,952 3,746,264

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.

Signature of officer

Robert Rains

President

Type or print name and title

Richard D. Sutter, CPA

Preparer's signature

Date 11/14/19

Check Yes [ ] self-employed No [ ]

PTIN 00265703

Whittaker Cooper Financial Group

Firm's name

Firm's EIN 59-2977986

1692 West Hibiscus Boulevard

Firm's address

Melbourne, FL 32901

Phone no. 321-723-3352

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes [ ] No [ ]

Form 990 (2018)
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 [x] No

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

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

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

4. Describe the 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 $5,554,633 including grants of $3,505,933) (Revenue $96,327)
   United Way of Brevard partner agencies are a diverse group of health and human service providers who provide critical services to our community and meet comprehensive funding standards and bi-annual performance reviews for efficient, high-quality programs serving Brevard County residents. Agencies must demonstrate accountability and complete all reporting requirements in addition to maintaining established standards of performance. 71 community volunteers spent over 1,000 hours reviewing funding applications, fiscal performance and outcomes in order to recommend funding levels to the United Way Board of Directors. 42 partner agency programs will serve more than 200,000 people throughout the Brevard community. In addition to dollars donated through the Community Care Fund, donors also have the opportunity

4b (Code: ) (Expenses $1,199,166 including grants of ) (Revenue $1,077,777)
   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 2018/2019, 3,770 home visits were completed and 248 families were served by this program. In addition, 506 referrals were made to other community agencies.

4c (Code: ) (Expenses $426,115 including grants of ) (Revenue $423,228)
   Housing Opportunities for Persons with Aids (HOPWA) supports long-term solutions to housing challenges of eligible persons by providing funding for emergency and temporary housing needs of persons with HIV/AIDS. $393,550 in funding provided critical services to improve access to HIV treatment and healthcare 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. United Way of Brevard was also responsible for the monitoring of subcontractors providing direct service. HOPWA funding provided case management, housing and utilities assistance to 213 persons with HIV/AIDS.

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

4e Total program service expenses u $7,179,914
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td><strong>Section 501(c)(3) organizations.</strong> 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</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>7</td>
<td>X</td>
</tr>
<tr>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III</td>
<td>8</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>9</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>10</td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>a</strong> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part VI</td>
<td>11</td>
<td>X</td>
</tr>
<tr>
<td><strong>b</strong> 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</td>
<td>11</td>
<td>X</td>
</tr>
<tr>
<td><strong>c</strong> 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</td>
<td>11</td>
<td>X</td>
</tr>
<tr>
<td><strong>d</strong> 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</td>
<td>11</td>
<td>X</td>
</tr>
<tr>
<td><strong>e</strong> Did the organization report an amount for other liabilities in Part X, line 25? If “Yes,” complete Schedule D, Part X</td>
<td>11</td>
<td>X</td>
</tr>
<tr>
<td><strong>f</strong> 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</td>
<td>11</td>
<td>X</td>
</tr>
<tr>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Parts XI and XII</td>
<td>12</td>
<td>X</td>
</tr>
<tr>
<td><strong>b</strong> 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</td>
<td>12</td>
<td>X</td>
</tr>
<tr>
<td><strong>c</strong> Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>14</td>
<td>X</td>
</tr>
<tr>
<td><strong>b</strong> 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</td>
<td>14</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>16</td>
<td>X</td>
</tr>
<tr>
<td>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)</td>
<td>17</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>18</td>
<td>X</td>
</tr>
<tr>
<td>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</td>
<td>19</td>
<td>X</td>
</tr>
<tr>
<td><strong>a</strong> Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H</td>
<td>20a</td>
<td>X</td>
</tr>
<tr>
<td><strong>b</strong> If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td>20b</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>21</td>
<td>X</td>
</tr>
</tbody>
</table>
**Part IV** Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23 Did the organization answer &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule J</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td></td>
<td>24a</td>
</tr>
<tr>
<td>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td>24b</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>24c</td>
</tr>
<tr>
<td>d Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td>24d</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td>25a</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td>25b</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part II</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part III</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>28a</td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>28b</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>28c</td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part I</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>35a</td>
</tr>
<tr>
<td>b If &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td>35b</td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>38</td>
</tr>
</tbody>
</table>

**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 [ ]

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td>1a</td>
<td>114</td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>2a</strong> 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</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td><strong>2b</strong> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>3a</strong> Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>3b</strong> If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>4a</strong> 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)?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>4b</strong> If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5a</strong> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>5b</strong> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>5c</strong> If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>6a</strong> 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?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>6b</strong> If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7a</strong> 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?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>7b</strong> If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>7c</strong> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>7d</strong> If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7e</strong> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>7f</strong> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>7g</strong> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>7h</strong> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> 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?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong> Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10</strong> Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td><strong>11</strong> Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td><strong>12a</strong> Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>12b</strong> If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13</strong> Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>14a</strong> Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>14b</strong> If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>15</strong> Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>16</strong> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If &quot;Yes,&quot; complete Form 4720, Schedule O.</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number of voting members of the governing body at the end of the tax year</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of voting members included in line 1a, above, who are independent</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6 Did the organization have members or stockholders?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The governing body?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b Each committee with authority to act on behalf of the governing body?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide the names and addresses in Schedule O.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Did the organization have local chapters, branches, or affiliates?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b Describe in Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c Did the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe in Schedule O how this was done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Did the organization have a written whistleblower policy?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14 Did the organization have a written document retention and destruction policy?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization's CEO, Executive Director, or top management official</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b Other officers or key employees of the organization</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 15a or 15b, describe the process in Schedule O (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; 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?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Disclosure

<table>
<thead>
<tr>
<th>Question</th>
<th>FL</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 List the states with which a copy of this Form 990 is required to be filed</td>
<td></td>
</tr>
<tr>
<td>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.</td>
<td></td>
</tr>
<tr>
<td>X Own website</td>
<td>X Another's website</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>20 State the name, address, and telephone number of the person who possesses the organization's books and records</td>
<td></td>
</tr>
</tbody>
</table>

Deb Stull, VP Finance & Admin.
1100 Rockledge Blvd.
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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therrin Protze</td>
<td>0.80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Chair</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debbie Goode</td>
<td>0.80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campaign Chair</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corey Lancaster</td>
<td>0.80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice Chair/Oversight</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sue Hann</td>
<td>0.80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice Chair/Community</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heather McDonough</td>
<td>0.80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheriff Wayne Ivey</td>
<td>0.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past Board Chair</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frank Abbate</td>
<td>0.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Henry Andersson</td>
<td>0.80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tim Antonition</td>
<td>0.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael Ayers</td>
<td>0.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>0.00</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Dana Blickley</td>
<td>0.50</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Director</td>
<td>0.00</td>
<td>X</td>
<td></td>
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</tr>
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</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from other organizations (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laurie Cappelli</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dr. Anthony Catanese</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kristin Colacchio</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Randy Coleman</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Del Cragin</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Frank DiBello</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jason Fleischman</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bob Gabordi</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

1b Sub-total: 259,821  30,200

c Total from continuation sheets to Part VII, Section A: 259,821

d Total (add lines 1b and 1c): 259,821

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

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, 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:

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

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 VIII: Statement of Revenue

- **Total revenue**: $8,849,502

#### Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Related organizations</td>
<td></td>
<td>1,629,887</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td>7,219,615</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Noncash contributions included in lines 1a-f</td>
<td>$566,343</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Total. Add lines 1a–f</td>
<td></td>
<td>$8,849,502</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Busn. Code</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Total. Add lines 2a–2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Other Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Investment income (including dividends, interest, and other similar amounts)</td>
<td>$151,619</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Income from investment of tax-exempt bond proceeds</td>
<td>$151,619</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: rental exps.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Rental inc. or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Gross amount from sales of assets other than inventory</td>
<td>$425,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: cost or other basis &amp; sales exps.</td>
<td>$245,859</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Net gain or (loss)</td>
<td>$179,141</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>Gross income from fundraising events (not including $ of contributions reported on line 1c).</td>
<td>$59,441</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: direct expenses</td>
<td>$73,481</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Net income or (loss) from fundraising events</td>
<td>$-14,040</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Gross income from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td>Administration fee income</td>
<td>$42,572</td>
<td>$42,572</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other Revenue</td>
<td>$40,427</td>
<td>$40,427</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Total. Add lines 11a–11d</td>
<td>$82,999</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total revenue. See instructions.</td>
<td>$9,249,221</td>
<td>$82,999</td>
<td>$0</td>
<td>$330,760</td>
</tr>
</tbody>
</table>

**Form 990 (2018)**

**United Way of Brevard County**

**59-0836384**

**Page 9**
United Way of Brevard County 59-0836384

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>3,505,933</td>
<td>3,505,933</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>251,520</td>
<td>134,712</td>
<td>58,404</td>
<td>58,404</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>1,380,679</td>
<td>995,979</td>
<td>125,614</td>
<td>259,086</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>135,383</td>
<td>93,141</td>
<td>16,481</td>
<td>25,761</td>
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<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>276,632</td>
<td>204,380</td>
<td>24,056</td>
<td>48,196</td>
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<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>119,905</td>
<td>83,428</td>
<td>13,255</td>
<td>23,222</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Accounting</td>
<td>19,001</td>
<td>13,721</td>
<td>2,088</td>
<td>3,192</td>
</tr>
<tr>
<td></td>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>f Investment management fees</td>
<td>14,137</td>
<td>14,137</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
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<td></td>
<td></td>
</tr>
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<td>13</td>
<td>Office expenses</td>
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</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
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<td>Occupancy</td>
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<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Grant expenditures</td>
<td>1,224,577</td>
<td>1,224,577</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b In Kind Gifts</td>
<td>523,807</td>
<td>519,707</td>
<td>4,100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Dues &amp; Subscriptions</td>
<td>11,293</td>
<td>6,678</td>
<td>2,057</td>
<td>2,558</td>
</tr>
<tr>
<td></td>
<td>d Bank fees</td>
<td>9,033</td>
<td>5</td>
<td>1,141</td>
<td>7,887</td>
</tr>
<tr>
<td></td>
<td>e All other expenses</td>
<td>11,587</td>
<td>3,873</td>
<td>586</td>
<td>7,128</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>8,106,863</td>
<td>7,179,914</td>
<td>314,373</td>
<td>612,576</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitations. Check here if following SOP 98-2 (ASC 958-720)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# United Way of Brevard County

## Part X: Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest bearing</td>
<td>556,519</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>758,224</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>1,890,590</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>249,707</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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 employee organizations (see instructions). Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>22,945</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>45,663</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>88,713</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>2,854,405</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>7,873</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>9,341</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 34)</td>
<td>6,669,098</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>128,974</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>3,187,172</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>3,316,146</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.</td>
<td>2,894,991</td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>457,961</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td><strong>Total net assets or fund balances</strong></td>
<td>3,352,952</td>
</tr>
<tr>
<td>34</td>
<td><strong>Total liabilities and net assets/fund balances</strong></td>
<td>6,669,098</td>
</tr>
</tbody>
</table>

Form 990 (2018)
Part XI
Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>9,249,221</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>8,106,863</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>1,142,358</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>3,352,952</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>63,569</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>-812,615</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>3,746,264</td>
</tr>
</tbody>
</table>

Part XII
Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash Accrual Other</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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.</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

#### (A) Name and title
- **Marcia Gaedcke**
  - **Position**: Director
  - **Average hours per week**: 0.50
  - **Reportable compensation from the organization (W-2/1099-MISC)**: 0
  - **Reportable compensation from related organizations (W-2/1099-MISC)**: 0

- **Bart Gaetjens**
  - **Position**: Director
  - **Average hours per week**: 0.50
  - **Reportable compensation from the organization (W-2/1099-MISC)**: 0
  - **Reportable compensation from related organizations (W-2/1099-MISC)**: 0

- **Michele Goodwin**
  - **Position**: Director
  - **Average hours per week**: 0.50
  - **Reportable compensation from the organization (W-2/1099-MISC)**: 0
  - **Reportable compensation from related organizations (W-2/1099-MISC)**: 0

- **Roger Greek**
  - **Position**: Director
  - **Average hours per week**: 0.50
  - **Reportable compensation from the organization (W-2/1099-MISC)**: 0
  - **Reportable compensation from related organizations (W-2/1099-MISC)**: 0

- **Sandy Handfield**
  - **Position**: Director
  - **Average hours per week**: 0.50
  - **Reportable compensation from the organization (W-2/1099-MISC)**: 0
  - **Reportable compensation from related organizations (W-2/1099-MISC)**: 0

- **Eric Johns**
  - **Position**: Director
  - **Average hours per week**: 0.50
  - **Reportable compensation from the organization (W-2/1099-MISC)**: 0
  - **Reportable compensation from related organizations (W-2/1099-MISC)**: 0

- **Dr. Summerpal S. Kahlon**
  - **Position**: Director
  - **Average hours per week**: 0.50
  - **Reportable compensation from the organization (W-2/1099-MISC)**: 0
  - **Reportable compensation from related organizations (W-2/1099-MISC)**: 0

- **Sandi Lee**
  - **Position**: Director
  - **Average hours per week**: 0.50
  - **Reportable compensation from the organization (W-2/1099-MISC)**: 0
  - **Reportable compensation from related organizations (W-2/1099-MISC)**: 0

#### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

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 u
### Part VII
#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position</th>
<th>Key employee employee</th>
<th>Highest compensated employee</th>
<th>Reportable compensation from organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(28) Erica Lemp</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(29) Mark Malek</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(30) Dr. Dwayne McCay</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(31) Michael McNees</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(32) Peter Montgomery</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(33) Robb Morrison</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(34) Regina Oenbrink</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(35) Larry Ostarly</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

1b Sub-total: u

c Total from continuation sheets to Part VII, Section A: u

d Total (add lines 1b and 1c): u

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: u

<table>
<thead>
<tr>
<th>Number</th>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position</th>
<th>Key employee employee</th>
<th>Highest compensated employee</th>
<th>Reportable compensation from organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(28)</td>
<td>Erica Lemp</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(29)</td>
<td>Mark Malek</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(30)</td>
<td>Dr. Dwayne McCay</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(31)</td>
<td>Michael McNees</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(32)</td>
<td>Peter Montgomery</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(33)</td>
<td>Robb Morrison</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(34)</td>
<td>Regina Oenbrink</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(35)</td>
<td>Larry Ostarly</td>
<td>0.50</td>
<td>Director</td>
<td>X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Position (list any hours for related organizations below dotted line)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(36) Dave Ott</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(37) Robert Perers</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(38) Summit Shah</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(39) Todd Starkey</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(40) Jennifer Sugarman</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(41) Tony Taliancich</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(42) John Titkanich</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(43) Al Wassel</td>
<td>0.50</td>
<td>Director</td>
<td>0.00</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### (A) Name and title

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(44) Carol Craig</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>0.50</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(45) Malak Hammad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>0.50</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(46) Dr. Mark Mullins</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>0.50</td>
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#### (B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)

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#### (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)

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#### (D) Reportable compensation from related organizations (W-2/1099-MISC)

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#### (E) Reportable compensation from the organization (W-2/1099-MISC)

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#### (F) Estimated amount of other compensation from the organization and related organizations

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**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.

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<table>
<thead>
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<tbody>
<tr>
<td>(A) Name and business address</td>
<td>(B) Description of services</td>
<td>(C) Compensation</td>
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</table>

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)**

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(52) Louis D. Wilson</td>
<td>0.50</td>
<td>Member-at-Large</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>(53) Robert Rains</td>
<td>40.00</td>
<td>President</td>
<td>0.00</td>
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<td>177,203</td>
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<tr>
<td>(54) Debra Stull</td>
<td>40.00</td>
<td>VP of Finance/Admin.</td>
<td>0.00</td>
<td>X</td>
<td>82,618</td>
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</table>

1b Sub-total 259,821 30,200 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 u

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 Yes No

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 Yes No

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 Yes No

**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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

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 u
**United Way of Brevard County**

**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 12, 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)(vii). (Complete Part II.)  
9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  
10. 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.)  
12. 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) of section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
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<tbody>
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<td><strong>(A)</strong></td>
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**Total**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

#### Calendar year (or fiscal year beginning in) u

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<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
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<td>8,109,449</td>
<td>8,301,620</td>
<td>8,620,397</td>
<td>8,849,502</td>
<td>42,084,486</td>
</tr>
</tbody>
</table>

#### 1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

#### 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

| 8,203,518 | 8,109,449 | 8,301,620 | 8,620,397 | 8,849,502 | 42,084,486 |

#### 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

| 1,455,966 |

---

### Section B. Total Support

#### Calendar year (or fiscal year beginning in) u

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,203,518</td>
<td>8,109,449</td>
<td>8,301,620</td>
<td>8,620,397</td>
<td>8,849,502</td>
<td>42,084,486</td>
</tr>
</tbody>
</table>

#### 7. Amounts from line 4

| 61,991 | 57,474 | 56,947 | 111,843 | 151,619 | 439,874 |

#### 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources

#### 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

| 42,524,360 |

#### 12. Gross receipts from related activities, etc. (see instructions)

| 12 | 289,382 |

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

---

### Section C. Computation of Public Support Percentage

#### 14. Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

| 14 | 95.54 % |

#### 15. Public support percentage from 2017 Schedule A, Part II, line 14

| 15 | 99.24 % |

#### 16a. 33 1/3% support test—2018. 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

| ► |

#### 16b. 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

| □ |

#### 17a. 10% facts-and-circumstances test—2018. 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

| □ |

#### 17b. 10% facts-and-circumstances test—2017. 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

| □ |

#### 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

| □ |
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 % |

### Section D. Computation of Investment Income Percentage

| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 % |
| 19a 33 1/3% support tests—2018. 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 |          |
| 19b 33 1/3% support tests—2017. 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 |          |
### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If &quot;No,&quot; 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.</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If &quot;Yes,&quot; answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b. 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 &quot;Yes,&quot; describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If &quot;Yes,&quot; explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. Was any supported organization not organized in the United States (&quot;foreign supported organization&quot;)? If &quot;Yes,&quot; and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c. 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 &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If &quot;Yes,&quot; 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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b. 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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c. Substitutions only. Was the substitution the result of an event beyond the organization's control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule A (Form 990 or 990-EZ) 2018

**United Way of Brevard County**

59-0836384
### Part IV Supporting Organizations (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Type III Functionally-Integrated Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**United Way of Brevard County** 59-0836384

**Part IV Supporting Organizations (continued)**

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

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

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

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 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.

- 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**

United Way of Brevard County 59-0836384

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

### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td><strong>2</strong> Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td><strong>3</strong> Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td><strong>4</strong> Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td><strong>5</strong> Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td><strong>6</strong> 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)</td>
<td>6</td>
</tr>
<tr>
<td><strong>7</strong> Other expenses (see instructions)</td>
<td>7</td>
</tr>
</tbody>
</table>

**8** **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td><strong>a</strong> Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td><strong>b</strong> Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td><strong>c</strong> Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td><strong>d</strong> Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td><strong>e</strong> Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td><strong>3</strong> Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td><strong>4</strong> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td><strong>5</strong> Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td><strong>6</strong> Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td><strong>7</strong> Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td><strong>8</strong> Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

**Current Year**

<table>
<thead>
<tr>
<th>(B) Current Year (optional)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td>1</td>
</tr>
<tr>
<td><strong>2</strong> Enter 85% of line 1</td>
<td>2</td>
</tr>
<tr>
<td><strong>3</strong> Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td>3</td>
</tr>
<tr>
<td><strong>4</strong> Enter greater of line 2 or line 3</td>
<td>4</td>
</tr>
<tr>
<td><strong>5</strong> Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td><strong>6</strong> Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
<td>6</td>
</tr>
</tbody>
</table>

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

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions. Add lines 1 through 6.</strong></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(I) Excess Distributions</th>
<th>(II) Underdistributions Pre-2018</th>
<th>(III) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a From 2013 ..........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b From 2014 ..........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c From 2015 ..........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d From 2016 ..........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e From 2017 ..........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>h Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Applied to 2018 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2019. Add lines 3j and 4c.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Excess from 2014 ..........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Excess from 2015 ..........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Excess from 2016 ..........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Excess from 2017 ..........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Excess from 2018 ..........................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Brevard County

Employer identification number

59-0836384

Organization type (check one):

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

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

☐ 527 political organization

☐ 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.

Caution:

An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>L3 Harris Corporation</td>
<td>$1,984,225</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>1025 W Nasa Boulevard</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>Melbourne FL 32919</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>2</td>
<td>Publix Super Markets</td>
<td>$1,172,715</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 407</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>Lakeland FL 33802</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td>3</td>
<td>Brevard Public Schools</td>
<td>$233,209</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>2700 Judge Fran Jamieson Way</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>Viera FL 32940</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>Yes No</td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

**Part II**

Conservation Easements.

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
</tbody>
</table>

**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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td>(i) Revenue included on Form 990, Part VIII, line 1</td>
</tr>
<tr>
<td></td>
<td>(ii) Assets included in Form 990, Part X</td>
</tr>
<tr>
<td>2</td>
<td>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:</td>
</tr>
<tr>
<td>a</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
</tr>
<tr>
<td>b</td>
<td>Assets included in Form 990, Part X</td>
</tr>
</tbody>
</table>
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

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

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.

1 a 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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2 a 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.

1 a Beginning of year balance
   b Contributions
   c Net investment earnings, gains, and losses
   d Grants or scholarships
   e Other expenditures for facilities and programs
   f Administrative expenses
   g End of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>467,891</td>
<td>438,591</td>
<td>343,273</td>
<td>273,584</td>
<td>266,893</td>
</tr>
</tbody>
</table>

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   a Board designated or quasi-endowment %
   b Permanent endowment %
   c Temporarily restricted endowment %

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   (i) unrelated organizations
   (ii) related organizations

   □ Yes □ No

   b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R? □ Yes □ No

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.

   a Land
   b Buildings
   c Leasehold improvements
   d Equipment
   e Other

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>42,304</td>
<td>42,304</td>
<td></td>
<td>46,409</td>
<td>44,871</td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u 44,871
### 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.

<table>
<thead>
<tr>
<th>Description of security or category</th>
<th>Book value (b)</th>
<th>Method of valuation (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td>(A)</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>Book value (b)</th>
<th>Method of valuation (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

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. Federal income taxes
2. UW Allocations $3,335,967
3. Donor Designations Payable $446,437
4. Publix Emergency Assistance Fund $26,934

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) $3,809,338

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.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>7,668,505</td>
</tr>
<tr>
<td>2a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>63,569</td>
</tr>
<tr>
<td>2b</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td>193</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td>63,762</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>7,604,743</td>
</tr>
<tr>
<td>4a</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td>14,137</td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td>1,630,341</td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td>1,644,478</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>9,249,221</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>7,275,193</td>
</tr>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>7,275,193</td>
</tr>
<tr>
<td>4a</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td>14,137</td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
<td>817,533</td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
<td>831,670</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>8,106,863</td>
</tr>
</tbody>
</table>

### 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, 2018,**
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, 2015 through 2019 remain subject to possible examination by the Internal Revenue Service.

<table>
<thead>
<tr>
<th>Part XI, Line 2d - Revenue Amounts Included in Financials - Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book v Tax Depr Adj on Sale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part XI, Line 4b - Revenue Amounts Included on Return - Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Donor Designations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part XII, Line 4b - Expense Amounts Included on Return - Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Donor Designations</td>
</tr>
</tbody>
</table>
# SCHEDULE G

## (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

- **Internal Revenue Service**
- **Department of the Treasury**
- **OMB No. 1545-0047**
- **Employer identification number**

#### 2018

- **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.

   - **Mail solicitations**
   - **Internet and email solicitations**
   - **Phone solicitations**
   - **In-person solicitations**
   - **Special fundraising events**
   - **Solicitation of non-government grants**
   - **Solicitation of government grants**

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**

2b. If “Yes,” list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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.

   - ...
   - ...
   - ...
   - ...
   - ...
   - ...
   - ...
   - ...
   - ...
   - ...

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

Schedule G (Form 990 or 990-EZ) 2018

DAA
## Part II  Fundraising Events

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>星空</th>
<th>Space Race</th>
<th>2</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts.</td>
<td>①</td>
<td>①</td>
<td>①</td>
<td>①</td>
</tr>
<tr>
<td>2 Less: Contributions.</td>
<td>②</td>
<td>②</td>
<td>②</td>
<td>②</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2).</td>
<td>③</td>
<td>③</td>
<td>③</td>
<td>③</td>
</tr>
<tr>
<td>4 Cash prizes.</td>
<td>④</td>
<td>④</td>
<td>④</td>
<td>④</td>
</tr>
<tr>
<td>5 Noncash prizes.</td>
<td>⑤</td>
<td>⑤</td>
<td>⑤</td>
<td>⑤</td>
</tr>
<tr>
<td>6 Rent/facility costs.</td>
<td>⑥</td>
<td>⑥</td>
<td>⑥</td>
<td>⑥</td>
</tr>
<tr>
<td>7 Food and beverages.</td>
<td>⑦</td>
<td>⑦</td>
<td>⑦</td>
<td>⑦</td>
</tr>
<tr>
<td>8 Entertainment.</td>
<td>⑧</td>
<td>⑧</td>
<td>⑧</td>
<td>⑧</td>
</tr>
<tr>
<td>9 Other direct expenses.</td>
<td>⑨</td>
<td>⑨</td>
<td>⑨</td>
<td>⑨</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>星空</th>
<th>Space Race</th>
<th>2</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Direct expense summary: Add lines 4 through 9 in column (d).</td>
<td>⑩</td>
<td>⑩</td>
<td>⑩</td>
<td>⑩</td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d).</td>
<td>⑪</td>
<td>⑪</td>
<td>⑪</td>
<td>⑪</td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>星空</th>
<th>Pull tabs/progressive bingo</th>
<th>①</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>星空</th>
<th>Pull tabs/progressive bingo</th>
<th>①</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
</table>

9 Enter the state(s) in which the organization conducts gaming activities:

<table>
<thead>
<tr>
<th>a Is the organization licensed to conduct gaming activities in each of these states?</th>
<th>①</th>
<th>①</th>
<th>①</th>
</tr>
</thead>
<tbody>
<tr>
<td>b If “No,” explain:</td>
<td>②</td>
<td>②</td>
<td>②</td>
</tr>
</tbody>
</table>

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? | ① | ① | ① |

| b If “Yes,” explain: | ② | ② | ② |
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
## UNITED WAY OF BREvard COUNTY

### Part I: General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes

### Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered “Yes” on Form 990, Part II, line 21, line 22.

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name and address of organization</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2-1-1 Brevard Inc. PO Box 561627 Rockledge, FL</td>
<td>FL 32956</td>
<td>59-1897447</td>
<td>170,000</td>
<td></td>
<td></td>
<td>Agency Allocation</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2-1-1 Brevard Inc. PO Box 561627 Rockledge, FL</td>
<td>FL 32956</td>
<td>59-1897447</td>
<td>9,550</td>
<td></td>
<td></td>
<td>Donor Designation</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aging Matters in Brevard 3600 West King Street Cocoa, FL</td>
<td>FL 32926</td>
<td>59-1110325</td>
<td>234,000</td>
<td></td>
<td></td>
<td>Agency Allocation</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aging Matters in Brevard 3600 West King Street Cocoa, FL</td>
<td>FL 32926</td>
<td>59-1110325</td>
<td>11,376</td>
<td></td>
<td></td>
<td>Donor Designation</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>American Red Cross Space Coast 1700 Cedar Street Rockledge, FL</td>
<td>FL 32955</td>
<td>59-0668470</td>
<td>87,000</td>
<td></td>
<td></td>
<td>Agency Allocation</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>AMI Kids Space Coast 1000 Inspiration Lane Melbourne, FL</td>
<td>FL 32934</td>
<td>59-2869412</td>
<td>14,618</td>
<td></td>
<td></td>
<td>Donor Designation</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>AMI Kids Space Coast 1000 Inspiration Lane Melbourne, FL</td>
<td>FL 32934</td>
<td>59-2869412</td>
<td>42,200</td>
<td></td>
<td></td>
<td>Agency Allocation</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Big Brothers Big Sisters 807 South Orlando Avenue, Winter Park, FL</td>
<td>FL 32789-4870</td>
<td>59-6555007</td>
<td>81,000</td>
<td></td>
<td></td>
<td>Agency Allocation</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Boy Scouts of America Central Florida 1951 S. Orange Blossom Trail Apopka, FL</td>
<td>FL 32703-7747</td>
<td>59-0624376</td>
<td>18,000</td>
<td></td>
<td></td>
<td>Agency Allocation</td>
<td></td>
</tr>
</tbody>
</table>

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.
## Grants and Other Assistance to Domestic Organizations and Domestic Governments

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

### 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?
   - 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.

<table>
<thead>
<tr>
<th>(a) Name and address of organization</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Boy Scouts of America Central Florida</td>
<td>59-0624376</td>
<td>1951 S. Orange Blossom Trail Apopka, FL 32703-7747</td>
<td>19,427</td>
<td>Donor Designation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Boys &amp; Girls Club of Central Florida</td>
<td>59-0951887</td>
<td>PO Box 2987 Orlando, FL 32802</td>
<td>158,500</td>
<td>Agency Allocation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Boys &amp; Girls Clubs of Central Florida</td>
<td>59-0951887</td>
<td>101 E. Colonial Drive Orlando, FL 32801</td>
<td>23,434</td>
<td>Donor Designation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Brevard Achievement Center, Inc.</td>
<td>59-1203280</td>
<td>1845 Cogswell Street Rockledge, FL 32955</td>
<td>139,466</td>
<td>Agency Allocation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Brevard Achievement Center, Inc.</td>
<td>59-1203280</td>
<td>1845 Cogswell Street Rockledge, FL 32955</td>
<td>8,639</td>
<td>Donor Designation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Brevard Alzheimer's Foundation, Inc</td>
<td>59-3369526</td>
<td>4676 N. Wickham Rd. Melbourne, FL 32935</td>
<td>72,500</td>
<td>Agency Allocation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) Brevard Alzheimer's Foundation, Inc</td>
<td>59-3369526</td>
<td>4676 N. Wickham Rd. Melbourne, FL 32935</td>
<td>13,620</td>
<td>Donor Designation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) Brevard County Legal Aid Inc.</td>
<td>59-3369526</td>
<td>1038 Harvin Way Rockledge, FL 32955</td>
<td>50,000</td>
<td>Agency Allocation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) Brevard Rescue Mission, Inc.</td>
<td>26-1686406</td>
<td>141 Bluff Terrace Melbourne, FL 32901</td>
<td>18,000</td>
<td>Agency Allocation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table
   - U
## 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.

Attach to Form 990.

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

### 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 or 22, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, others)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Brevard Rescue Mission, Inc. 141 Bluff Terrace</td>
<td>Melbourne FL 32901</td>
<td>26-1686406</td>
<td>11,134</td>
<td></td>
<td></td>
<td></td>
<td>Donor Designation</td>
</tr>
<tr>
<td>2. Brevard Schools Foundation Inc. 2700 Judge Fran Jamieson Way</td>
<td>Viera FL 32940</td>
<td>59-2895155</td>
<td>15,105</td>
<td></td>
<td></td>
<td></td>
<td>Donor Designation</td>
</tr>
<tr>
<td>3. Bridges 1694 Cedar Street</td>
<td>Rockledge FL 32955</td>
<td>59-0905505</td>
<td>82,734</td>
<td></td>
<td></td>
<td></td>
<td>Agency Allocation</td>
</tr>
<tr>
<td>4. Bridges BTC INC. 1694 Cedar Street</td>
<td>Rockledge FL 32955</td>
<td>59-0905505</td>
<td>5,564</td>
<td></td>
<td></td>
<td></td>
<td>Donor Designation</td>
</tr>
<tr>
<td>5. Candlelighters Of Brevard Inc. 436 Fifth Ave</td>
<td>Indialantic FL 32903</td>
<td>59-3068501</td>
<td>14,174</td>
<td></td>
<td></td>
<td></td>
<td>Donor Designation</td>
</tr>
<tr>
<td>6. Catholic Charities of Central 1819 N Semoran Blvd. Orlando FL 32807</td>
<td>59-1214353</td>
<td></td>
<td>30,000</td>
<td></td>
<td></td>
<td></td>
<td>Agency Allocation</td>
</tr>
<tr>
<td>8. Central Brevard Sharing Center Inc. PO Box 3363</td>
<td>Cocoa FL 32924-3363</td>
<td>59-1839108</td>
<td>161,000</td>
<td></td>
<td></td>
<td></td>
<td>Agency Allocation</td>
</tr>
<tr>
<td>9. Central Brevard Sharing Center Inc. 113 Aurora Street</td>
<td>Cocoa FL 32922</td>
<td>59-1839108</td>
<td>9,659</td>
<td></td>
<td></td>
<td></td>
<td>Donor Designation</td>
</tr>
</tbody>
</table>

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
## 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.**

1. **Attach to Form 990.**
2. **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

### 2018

#### OMB No. 1545-0047

#### SCHEDULE I

**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 [X]  

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 or 22, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Children's Advocacy Center</td>
<td>59-2432318</td>
<td></td>
<td>5,071</td>
<td></td>
<td></td>
<td></td>
<td>Donor Designation</td>
</tr>
<tr>
<td>6905 N. Wickham Road</td>
<td>FL 32940</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melbourne</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Children's Home Society of FL, Brev</td>
<td>59-0192430</td>
<td></td>
<td>18,000</td>
<td></td>
<td></td>
<td></td>
<td>Agency Allocation</td>
</tr>
<tr>
<td>326 Croton Road</td>
<td>FL 32935</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melbourne</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Children's Hunger Project</td>
<td>36-4686823</td>
<td></td>
<td>26,500</td>
<td></td>
<td></td>
<td></td>
<td>Agency Allocation</td>
</tr>
<tr>
<td>1855 W. King Street</td>
<td>FL 32926</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocoa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Children's Hunger Project</td>
<td>31,907</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Donor Designation</td>
</tr>
<tr>
<td>1855 W. King Street</td>
<td>FL 32926</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocoa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Club Esteem</td>
<td>60,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Agency Allocation</td>
</tr>
<tr>
<td>3316 South Monroe Street</td>
<td>59-3317831</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melbourne</td>
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**For Paperwork Reduction Act Notice, see the instructions for Form 990.**

DAA  

Schedule I (Form 990) (2018)
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.

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

<table>
<thead>
<tr>
<th>Part I</th>
<th>General Information on Grants and Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
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<tr>
<td>2</td>
<td>Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.</td>
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<table>
<thead>
<tr>
<th>Part II</th>
<th>Grants and Other Assistance to Domestic Organizations and Domestic Governments</th>
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<td>Girl Scouts</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
## United Way of Brevard County

### Part I: General Information on Grants and Assistance

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### Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments

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<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
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<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<td>35-2330290</td>
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<td>7,416</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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<th>Part I General Information on Grants and Assistance</th>
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<tr>
<td>2 Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.</td>
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</table>

| 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 or 22. Part II can be duplicated if additional space is needed. |

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tbody>
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<tr>
<td>(2) Palm Bay Firefighters Community 1465 Georgia St NE Ste B</td>
<td>Palm Bay FL 32907</td>
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<td>(3) Pregnancy Resources Inc. 165 N. Babcock St.</td>
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<td>(4) Project Response 745 Apollo Blvd</td>
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<tr>
<td>(6) Rochester Area Community Foundation 500 East Avenue</td>
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<td>53,500</td>
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</table>

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.
### 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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**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.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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</table>

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**
### 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.

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<td></td>
</tr>
</tbody>
</table>

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
**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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of noncash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>7</td>
<td></td>
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</tr>
</tbody>
</table>

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

See Schedule I Supplemental Information Worksheet
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 the agency will comply with all of the requirements of the Patriot Act.
### Compensation Information

#### Part I Questions Regarding Compensation

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.

- [ ] First-class or charter travel
- [ ] Housing allowance or residence for personal use
- [ ] Travel for companions
- [ ] Payments for business use of personal residence
- [ ] Tax indemnification and gross-up payments
- [ ] Health or social club dues or initiation fees
- [ ] Discretionary spending account
- [ ] Personal services (such as maid, chauffeur, chef)

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 on 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.

- [ ] Compensation committee
- [ ] Independent compensation consultant
- [ ] Written employment contract
- [ ] Compensation survey or study
- [ ] Form 990 of other organizations
- [ ] 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:

- [x] Receive a severance payment or change-of-control payment?
- [x] Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- [x] 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

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:

- [x] The organization?

5a

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:

- [x] The organization?

6a

7. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If “Yes,” describe in Part III.

7

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

9. If “Yes” on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2018
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 Schedule J (Form 990) 2018 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

**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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)–(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Rains, President</td>
<td>(i) 169,443, (ii) 500, (iii) 7,260</td>
<td></td>
<td>6,800</td>
<td>11,740</td>
<td>195,743</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<td>16</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
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.
## Noncash Contributions

United Way of Brevard County

### Part I - Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art</td>
<td>1</td>
<td>137,293</td>
<td>Thrift Store Prices</td>
</tr>
<tr>
<td>2</td>
<td>Art</td>
<td>1</td>
<td>317,900</td>
<td>Thrift Store Prices</td>
</tr>
<tr>
<td>3</td>
<td>Books and publications</td>
<td>X</td>
<td>1,109</td>
<td>Estimated Purchase Price</td>
</tr>
<tr>
<td>4</td>
<td>Clothing and household goods</td>
<td>X</td>
<td>1,170</td>
<td>Estimated Purchase Price</td>
</tr>
<tr>
<td>5</td>
<td>Cars and other vehicles</td>
<td>X</td>
<td>1,109</td>
<td>Estimated Purchase Price</td>
</tr>
<tr>
<td>6</td>
<td>Intellectual property</td>
<td>X</td>
<td>22,672</td>
<td>Estimated Purchase Price</td>
</tr>
<tr>
<td>7</td>
<td>Scientific specimens</td>
<td>X</td>
<td>75,949</td>
<td>Estimated Purchase Price</td>
</tr>
<tr>
<td>8</td>
<td>Taxidermy</td>
<td>X</td>
<td>22,672</td>
<td>Estimated Purchase Price</td>
</tr>
<tr>
<td>9</td>
<td>Scientific specimens</td>
<td>X</td>
<td>75,949</td>
<td>Estimated Purchase Price</td>
</tr>
<tr>
<td>10</td>
<td>Historical artifacts</td>
<td>X</td>
<td>22,672</td>
<td>Estimated Purchase Price</td>
</tr>
<tr>
<td>11</td>
<td>Other u (Baby Items)</td>
<td>X</td>
<td>75,949</td>
<td>Estimated Purchase Price</td>
</tr>
<tr>
<td>12</td>
<td>Other u (Hygiene)</td>
<td>X</td>
<td>22,672</td>
<td>Estimated Purchase Price</td>
</tr>
</tbody>
</table>

### 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

- Number of Forms 8283: 29

### 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 isn't required to be used for exempt purposes for the entire holding period?  
- Yes: X

### 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  
- Yes: X

### 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
- Yes: X

### 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
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 $510,608 worth of gifts in kind merchandise. United Way helps our local community by distributing donated items 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.
Form 990 - Additional Information

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.

Unfortunately, nearly 90,000 households in Brevard struggle to afford their most basic needs. These are hard working families who are just one emergency, health crisis or car repair from life spiraling out of control.

When you give through United Way to 43 local agencies you are ensuring a door is opened for someone in need. United Way supports a broad range of safety net services helping local families facing overwhelming circumstances. We fight for the Health, Education and Financial Stability of every person ensuring families have the best chance to build a successful life.

Together, this work is changing lives and strengthening the community for thousands of families.

Key highlights:

- Community Campaign raised $6,069,110 (a 3.4% increase over the $5,867,000 raised last year) for local health and human service partners.
- Debbie Goode, Carr Riggs and Ingram, served as the United Way Campaign Chair.
- L3Harris and its employees were the largest contributors,
raising $1,568,107. Publix Super Markets and its associates again joined
L3Harris in the million dollar circle this year by raising
$1,180,000 making it the second largest campaign.

New organizations running first-time campaigns include Artemis IT, the
Brevard Zoo, SeaDek Marine Products and the Melbourne Regional Chamber of
East Central Florida.

Grants Secured

Volunteer Income Tax Assistance Program - VITA ($30,000)
Bank of America ($15,000) for Financial Literacy
Lockheed Martin ($10,000) Support for Veterans Tax Assistance
Gannett Foundation ($15,000) for Financial Literacy
Florida City Gas ($12,000) for utility payment to benefit the
elderly
Housing Opportunities for Persons with AIDS (HOPWA) $502,723
Disaster Relief ($1,865) for Hurricane Irma

Gifts in Kind distributed $510,608 worth of items such as diapers, car
seats, hygiene products, disaster items and other goods.

Finances - We received an unmodified audit for 2018-19 from Whittaker
Cooper Financial Group.

The Community Care Fund/Allocations Process engaged 100 volunteers who
contributed more than 1,000 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 $244,029 to our community to provide help with rent, mortgage, utility, food and emergency shelter assistance.

Healthy Families Brevard received $1,071,500 in funding from the Ounce of Prevention Fund of Florida. We served 248 families, with 100% of children in these families (who completed the program) free from verified abuse and neglect 12 months after program completion.

Local volunteers donated 32,537 hours to United Way last year, which translated to a value of $861,212 according to the Points of Light Foundation.

Education - A quality education is key to building a good life and better employment opportunities, leading to a stronger community. However, many local kids struggle to read by 3rd grade. That's why United Way fights to increase access to books, expand reading mentoring and reduce summer learning loss.

Digital Book Access - Last year nearly 250,000 books were read on myON, an interactive digital library, by local elementary school children. United Way is focused on expansion of programs enhancing reading skill development.

Summer READING Loss PREVENTION - United Way leads an initiative with Brevard Public Schools to promote the importance of reading over the
summer. Parents receive multiple reminders about the devastating effects of summer learning loss.

Little Free Libraries - Many kids do not have access to local libraries or worse, don't have any books at home. Little Free Libraries give kids greater access to books through free, easily accessible drop-off and pick-up points.

In Financial Stability, United Way volunteers prepared 1,991 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 $1.5M.

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

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 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 1100 Rockledge Blvd, Suite 300.

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book v Tax Depr Adj on Sale</td>
<td>$193</td>
</tr>
<tr>
<td>Other Donor Designations</td>
<td>($1,630,341)</td>
</tr>
<tr>
<td>Other Donor Designations</td>
<td>$817,533</td>
</tr>
<tr>
<td>Total</td>
<td>($812,615)</td>
</tr>
<tr>
<td>Asset</td>
<td>Description</td>
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<tr>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>1</td>
<td>COM1000Dell Dimension 2400 Celeron com</td>
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<tr>
<td>2</td>
<td>COM1001Dell OptiPlex 170L computer</td>
</tr>
<tr>
<td>3</td>
<td>COM1002Dell Dimension 3000 Celeron com</td>
</tr>
<tr>
<td>4</td>
<td>COM1010Dell Dimension 3000 Celeron com</td>
</tr>
<tr>
<td>5</td>
<td>COM1011Dell Dimension 3000 Celeron com</td>
</tr>
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<td>6</td>
<td>COM1012Dell Dimension 3000 Celeron com</td>
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<td>7</td>
<td>COM1013Dell Dimension 3000 Celeron com</td>
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<tr>
<td>8</td>
<td>COM1019Dell desktop computers servers at</td>
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<tr>
<td>9</td>
<td>COM1020Dell Inspiron 6400 Laptop</td>
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<tr>
<td>10</td>
<td>COM1021Dell OptiPlex 745 computer</td>
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<td>COM1023Dell Latitude D520 Laptop</td>
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<td>COM1024Sonicwall Firewall</td>
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<td>COM1026Dell Latitude E6550 Laptop</td>
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<td>COM1027Dell Precision T3400 workstation</td>
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<td>17</td>
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<td>COM1029Dell Precision T3500 Workstation</td>
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<td>COM1030Dell Server and Backup System</td>
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<td>COM1031Dell Optiplex 390</td>
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<td>COM1032Dell Optiplex 390</td>
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<td>COM1037Sonic Wall Firewall device and 2</td>
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<td>COM1038Computers- bulk purchase Cocoa</td>
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<td>COM1040Computer RD Alecia</td>
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<td>COM1041Computer Laptop HF Sherrie</td>
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<td>SFT6004Helix ANDAR additional 2 license</td>
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<td>SFT6005Helix ANDAR ACH &amp; Credit Can</td>
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<td>35</td>
<td>SFT6006Helix ANDAR Outlook Integration</td>
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<td>36</td>
<td>SFT6007Helix ANDAR Standard M Modul</td>
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<td>37</td>
<td>SFT6008Anti Virus software for Exchange</td>
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<td>38</td>
<td>SFT6009DataPro Visions - GL AP &amp; PR m</td>
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<td>39</td>
<td>SFT6010Adobe Software Upgrades</td>
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<td>40</td>
<td>SFT6011Virtual Webserver</td>
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<td>SFT6015EPLIDGE</td>
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<tr>
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<td>EQU2000NOVA credit card machine</td>
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<td>46</td>
<td>EQU2002Panasonic dictating machine</td>
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<td>47</td>
<td>EQU2004deacom telephone system</td>
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<td>48</td>
<td>EQU2005Panasonic UF-890 Fax Machine</td>
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<tr>
<td>49</td>
<td>EQU2006Viewsonic PJ1060 video projector</td>
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<tr>
<td>50</td>
<td>EQU2007Frigidaire Crown Series refidger</td>
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<td>51</td>
<td>EQU2008AIWA 3-Disc CD and tape player</td>
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<tr>
<td>52</td>
<td>EQU2009Budge-A-Matic II</td>
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<tr>
<td>53</td>
<td>EQU2010bimatic document binding mach</td>
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<td>EQU2011Emerson VCR</td>
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<td>EQU2012Sharp 25° TV</td>
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<td>56</td>
<td>EQU2013Sharp VCR</td>
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<tr>
<td>57</td>
<td>EQU2014Martin Yale Auto Paper Folder</td>
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<tr>
<td>58</td>
<td>EQU2015Minolta Maxxum 5 camera</td>
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<tr>
<td>59</td>
<td>EQU2016Emerson 13° TV &amp; VCR combo</td>
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<tr>
<td>60</td>
<td>EQU2017Hypercon T7Plus credit card mail</td>
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<td>61</td>
<td>EQU2018RCA 17° TV &amp; VCR combo</td>
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<tr>
<td>62</td>
<td>EQU2019Epson PowerLite Projector</td>
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<td>PRN4000HP Laserjet SM Printer</td>
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<td>PRN4004HP Laserjet 6L Printer</td>
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<td>PRN4007HP Color Laserjet 9500hdn</td>
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<td>77</td>
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<td>80</td>
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<td>FRN3015Cubicle</td>
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<td>87</td>
<td>FRN3016Gray cubicle desk</td>
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<td>88</td>
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<td>FRN3019Glass display cabinet</td>
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<td>91</td>
<td>FRN3020Wooden storage cabinet</td>
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<td>92</td>
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<td>94</td>
<td>FRN3023Large conference room table</td>
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<tr>
<td>95</td>
<td>FRN3024TV/AV Cart</td>
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<td>FRN3026Gray cubicle desk</td>
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<td>FRN3027Cubicle partition - single side</td>
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<td>FRN3037Black leather chair</td>
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<td>FRN3041Oak coffee table</td>
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<td>Asset</td>
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<td>Sentry S3807 Safe</td>
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<td>FRN30745</td>
<td>vertical metal filing cab</td>
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<td>FRN30773</td>
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<td>FRN30784</td>
<td>drawer lateral metal filing cab</td>
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<tr>
<td>151</td>
<td>FRN30802-door metal storage closet</td>
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<td>152</td>
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<td>FRN3082Computer desk with shelves</td>
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<td>154</td>
<td>FRN30832-drawer vertical metal filing cabinet</td>
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<tr>
<td>155</td>
<td>FRN3084Small conference room table</td>
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<td>156</td>
<td>FRN3085TV/AV Cart</td>
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<td>157</td>
<td>FRN3086EZ 25 Marketer Display Board</td>
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<td>159</td>
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<td>160</td>
<td>FRN3089Complete set of conference room</td>
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<td>161</td>
<td>FRN3090Office furniture</td>
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<td>162</td>
<td>FRN3091LL Desks &amp; Cabinets</td>
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<td>FRN3092LL Counter Modification</td>
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<td>164</td>
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<td>165</td>
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<td>166</td>
<td>SGN5000Roadside sign and 2 building sign</td>
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<td>168</td>
<td>937 Dixon Building</td>
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<td>169</td>
<td>937 Dixon Building expansion 1</td>
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<td>937 Dixon Building expansion 2</td>
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<td>Landscaping</td>
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<td>10 Ton Air Conditioner</td>
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<td>Server Room Air Conditioner Unit</td>
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<td>Carpeting squares - 937 Dixon</td>
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<td>179</td>
<td>CAT 6 Cable Installation</td>
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<td>180</td>
<td>Cable Installation Melbourne Office</td>
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<td><strong>Total ACRS and Other Depreciation</strong></td>
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Listed Property:
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<tr>
<th>Asset</th>
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<th>Date In Service</th>
<th>Cost</th>
<th>Sec Basis</th>
<th>Percentage for Depr</th>
<th>Per Conversion Method</th>
<th>Prior</th>
<th>Current</th>
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<td>5/07/18</td>
<td>46,409</td>
<td>46,409</td>
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<td>MO S/L</td>
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<tr>
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<td><strong>Grand Totals</strong></td>
<td></td>
<td>783,201</td>
<td>774,222</td>
<td>498,083</td>
<td>18,586</td>
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<td><strong>Less: Dispositions and Transfers</strong></td>
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<td>611,395</td>
<td>391,787</td>
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<td><strong>Net Grand Totals</strong></td>
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<td>Date In Service</td>
<td>Tax Cost</td>
<td>Bus Pct</td>
<td>Tax Sec 179 Exp</td>
<td>Current Bonus</td>
<td>Prior Bonus</td>
<td>Tax - Basis for Depr</td>
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<td>1,008</td>
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<td><strong>Grand Total</strong></td>
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<td>Unit</td>
<td>Asset</td>
<td>Description</td>
<td>Tax</td>
<td>AMT</td>
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</tbody>
</table>

There are no assets that meet the criteria of this report
### 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Maximum amount (see instructions)</td>
</tr>
<tr>
<td>2.</td>
<td>Total cost of section 179 property placed in service (see instructions)</td>
</tr>
<tr>
<td>3.</td>
<td>Threshold cost of section 179 property before reduction in limitation (see instructions)</td>
</tr>
<tr>
<td>4.</td>
<td>Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.</td>
</tr>
<tr>
<td>5.</td>
<td>Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-.</td>
</tr>
<tr>
<td>6.</td>
<td>(a) Description of property (b) Cost (business use only) (c) Elected cost</td>
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<tr>
<td>7.</td>
<td>Listed property. Enter the amount from line 29</td>
</tr>
<tr>
<td>8.</td>
<td>Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7</td>
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<tr>
<td>9.</td>
<td>Tentative deduction. Enter the smaller of line 5 or line 8</td>
</tr>
<tr>
<td>10.</td>
<td>Carryover of disallowed deduction from line 13 of your 2017 Form 4562</td>
</tr>
<tr>
<td>11.</td>
<td>Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions</td>
</tr>
<tr>
<td>12.</td>
<td>Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11</td>
</tr>
<tr>
<td>13.</td>
<td>Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12</td>
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**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

### Part II - Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

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<td>14.</td>
<td>Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions</td>
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<tr>
<td>15.</td>
<td>Property subject to section 168(f)(1) election</td>
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<tr>
<td>16.</td>
<td>Other depreciation (including ACRS)</td>
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### Part III - MACRS Depreciation (Don't include listed property. See instructions.)

#### Section A

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<table>
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<tr>
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<tr>
<td>17.</td>
<td>MACRS deductions for assets placed in service in tax years beginning before 2018</td>
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<td>18.</td>
<td>If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here</td>
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#### Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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<td>19a.</td>
<td>3-year property</td>
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<tr>
<td>b.</td>
<td>5-year property</td>
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<tr>
<td>c.</td>
<td>7-year property</td>
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<tr>
<td>d.</td>
<td>10-year property</td>
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<tr>
<td>e.</td>
<td>15-year property</td>
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<td>f.</td>
<td>20-year property</td>
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<td>g.</td>
<td>25-year property</td>
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<td>h.</td>
<td>Residential rental property</td>
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</tr>
<tr>
<td>i.</td>
<td>Nonresidential real property</td>
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<tr>
<td>b.</td>
<td>12-year</td>
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</tr>
<tr>
<td>c.</td>
<td>30-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>40-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20a.</td>
<td>Class life</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>12-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>30-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>40-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV - Summary (See instructions.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21.</td>
<td>Listed property. Enter amount from line 28</td>
</tr>
<tr>
<td>22.</td>
<td>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</td>
</tr>
<tr>
<td>23.</td>
<td>For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs</td>
</tr>
</tbody>
</table>

### For Paperwork Reduction Act Notice, see separate instructions.
### Part V

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

*Note:* For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<table>
<thead>
<tr>
<th>24a</th>
<th>Do you have evidence to support the business/investment use claimed?</th>
<th>Yes</th>
<th>No</th>
<th>24b</th>
<th>If “Yes,” is the evidence written?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type of property (list vehicles first)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date placed in service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Business/investment use percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cost or other basis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Basis for depreciation (business/investment use only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recovery period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Method/Convention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depreciation deduction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elected section 179 cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other “more than 5% owner,” or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

<table>
<thead>
<tr>
<th>30</th>
<th>Total business/investment miles driven during the year (don't include commuting miles)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Total commuting miles driven during the year</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total other personal (noncommuting) miles driven</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total miles driven during the year. Add lines 30 through 32</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Was the vehicle available for personal use during off-duty hours?</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Was the vehicle used primarily by a more than 5% owner or related person?</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Is another vehicle available for personal use?</td>
<td></td>
</tr>
</tbody>
</table>

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

<table>
<thead>
<tr>
<th>37</th>
<th>Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Do you treat all use of vehicles by employees as personal use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Do you meet the requirements concerning qualified automobile demonstration use? See instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note:* If your answer to 37, 38, 39, 40, or 41 is “Yes,” don't complete Section B for the covered vehicles.

### Part VI

**Amortization**

<table>
<thead>
<tr>
<th>42</th>
<th>Amortization of costs that begins during your 2018 tax year (see instructions):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>Amortization of costs that began before your 2018 tax year</td>
<td>43</td>
</tr>
<tr>
<td>44</td>
<td>Total. Add amounts in column (f). See the instructions for where to report</td>
<td>44</td>
</tr>
<tr>
<td>Asset</td>
<td>Description</td>
<td>Date In Service</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Prior MACRS:</td>
<td>Building Imp</td>
<td>12/31/16</td>
</tr>
<tr>
<td>182</td>
<td>COM1000 Dell Dimension 2400 Celeron co</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1010 Dell Dimension 3000 Celeron co</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1011 Dell Dimension 3000 Celeron co</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1012 Dell Dimension 3000 Celeron co</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1013 Dell Dimension 3000 Celeron co</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1019 Dell desktop computers servers as</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1020 Dell Inspiron 6400 Laptop</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1021 Dell OptiPlex 745 computer</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1022 Dell OptiPlex 745 computer</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1023 Dell Latitude D520 Laptop</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1024 Sonicwall Firewall</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1025 Dell Latitude D830 Laptop</td>
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<tr>
<td>182</td>
<td>COM1026 Dell Latitude E6500 Laptop</td>
<td>Mass Sale: 7/31/18</td>
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<tr>
<td>182</td>
<td>COM1027 Dell Precision T3400 workstation</td>
<td>Mass Sale: 7/31/18</td>
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<tr>
<td>182</td>
<td>COM1028 Virtual Private Network</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1029 Dell Precision T3500 Workstation</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1030 Dell Server and Backup System</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1031 Dell Optiplex 390</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1032 Dell Optiplex 390</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1033 Dell Optiplex 390</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1034 Dell Optiplex 390</td>
<td>Mass Sale: 7/31/18</td>
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<tr>
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<td>COM1035 Dell Optiplex 390</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1036 Dell Optiplex 390</td>
<td>Mass Sale: 7/31/18</td>
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<tr>
<td>182</td>
<td>COM1037 Sonic Wall Firewall device and 2</td>
<td>Mass Sale: 7/31/18</td>
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<tr>
<td>182</td>
<td>COM1038 Computers- bulk purchase Cocoa</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1039 Computers CI (3) Zac Keith Gerr</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>COM1040 Computer RD Alecia</td>
<td>Mass Sale: 7/31/18</td>
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<tr>
<td>182</td>
<td>COM1041 Computer Laptop HP Sherrie</td>
<td>Mass Sale: 7/31/18</td>
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<tr>
<td>182</td>
<td>COM1042 Computers Purchase (6)</td>
<td>Mass Sale: 7/31/18</td>
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<tr>
<td>182</td>
<td>SFT6002 Helix ANDAR Campaign software</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>SFT6004 Helix ANDAR additional 2 license</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>SFT6005 Helix ANDAR ACH &amp; Credit Card</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>SFT6006 Helix ANDAR Outlook Integration</td>
<td>Mass Sale: 7/31/18</td>
</tr>
<tr>
<td>182</td>
<td>SFT6007 Helix ANDAR Standard M Module</td>
<td>Mass Sale: 7/31/18</td>
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<tr>
<td>Asset</td>
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<td>In Service</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>37</td>
<td>SFT6008Anti Virus software for Exchange</td>
<td>9/01/07</td>
</tr>
<tr>
<td>38</td>
<td>SFT6009DataPro Visions - GL AP &amp; PR m</td>
<td>3/01/08</td>
</tr>
<tr>
<td>39</td>
<td>SFT6010Adobe Software Upgrades</td>
<td>5/01/08</td>
</tr>
<tr>
<td>40</td>
<td>SFT6011Virtual Webserver</td>
<td>6/30/11</td>
</tr>
<tr>
<td>41</td>
<td>SFT6012CI Module for Andar</td>
<td>6/30/11</td>
</tr>
<tr>
<td>42</td>
<td>SFT6013MIG Module</td>
<td>3/28/13</td>
</tr>
<tr>
<td>43</td>
<td>SFT6014MIP Accounting Software</td>
<td>6/01/13</td>
</tr>
<tr>
<td>44</td>
<td>SFT6015EPLEDGE</td>
<td>6/01/16</td>
</tr>
<tr>
<td>45</td>
<td>EQU2000NOVA credit card machine</td>
<td>10/31/01</td>
</tr>
<tr>
<td>46</td>
<td>EQU2002Panasonic dictating machine</td>
<td>1/01/03</td>
</tr>
<tr>
<td>47</td>
<td>EQU2004Ideaacom telephone system</td>
<td>10/01/04</td>
</tr>
<tr>
<td>48</td>
<td>EQU2005Panasonic UF-890 Fax Machine</td>
<td>1/01/03</td>
</tr>
<tr>
<td>49</td>
<td>EQU2006Viewsonic PJ1060 video projector</td>
<td>1/15/02</td>
</tr>
<tr>
<td>50</td>
<td>EQU2007Frigidaire Crown Series refridger</td>
<td>2/27/97</td>
</tr>
<tr>
<td>51</td>
<td>EQU2008AIWA 3-Disc CD and tape player</td>
<td>1/01/98</td>
</tr>
<tr>
<td>52</td>
<td>EQU2009Badge-A-Matic II</td>
<td>1/17/02</td>
</tr>
<tr>
<td>53</td>
<td>EQU2010bimatic document binding mach</td>
<td>1/01/02</td>
</tr>
<tr>
<td>54</td>
<td>EQU2011Emerson VCR</td>
<td>3/01/86</td>
</tr>
<tr>
<td>55</td>
<td>EQU2012Sharp 25&quot; TV</td>
<td>1/01/98</td>
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<tr>
<td>56</td>
<td>EQU2013Sharp VCR</td>
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</tr>
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<td>57</td>
<td>EQU2014Martin Yale Auto Paper Folder</td>
<td>11/05/98</td>
</tr>
<tr>
<td>58</td>
<td>EQU2015Minolta Maxxum 5 camera</td>
<td>1/01/03</td>
</tr>
<tr>
<td>59</td>
<td>EQU2016Emerson 13&quot; TV &amp; VCR combo</td>
<td>7/31/91</td>
</tr>
<tr>
<td>60</td>
<td>EQU2017Hypercon T7Plus credit card mac</td>
<td>11/01/04</td>
</tr>
<tr>
<td>61</td>
<td>EQU2018RCA 17&quot; TV &amp; VCR combo</td>
<td>9/01/00</td>
</tr>
<tr>
<td>62</td>
<td>EQU2019Epson PowerLite Projector</td>
<td>3/09/04</td>
</tr>
<tr>
<td>63</td>
<td>PRN4000HP Laserjet SM Printer</td>
<td>9/01/03</td>
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<tr>
<td>64</td>
<td>PRN4001HP Laserjet 8150 DN Printer</td>
<td>1/08/01</td>
</tr>
<tr>
<td>65</td>
<td>PRN4002HP Color Laserjet 8550 GN Print</td>
<td>8/01/00</td>
</tr>
<tr>
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<td>PRN4004HP Laserjet 6L Printer</td>
<td>10/30/98</td>
</tr>
<tr>
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<td>PRN4005HP Laserjet 1200 Series laser prin</td>
<td>12/31/01</td>
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<td>68</td>
<td>PRN4006HP Laserjet 4 Plus Printer</td>
<td>8/31/94</td>
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<td>PRN4007HP Color Laserjet 9500hdn</td>
<td>6/01/08</td>
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<tr>
<td>70</td>
<td>EQU2020DestroyIt Cross-cut shredder</td>
<td>5/01/06</td>
</tr>
<tr>
<td>71</td>
<td>FRN3002-door metal storage closet</td>
<td>3/01/97</td>
</tr>
<tr>
<td>72</td>
<td>FRN3002-door metal storage closet</td>
<td>3/01/97</td>
</tr>
<tr>
<td>73</td>
<td>FRN3002-door metal filing cabinet</td>
<td>12/01/70</td>
</tr>
<tr>
<td>74</td>
<td>FRN3003-door metal filing cabinet</td>
<td>1/01/03</td>
</tr>
<tr>
<td>75</td>
<td>FRN3004-door metal filing cabinet</td>
<td>1/01/03</td>
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<tr>
<td>76</td>
<td>FRN3005Metal storage cabinet</td>
<td>1/01/02</td>
</tr>
<tr>
<td>Asset</td>
<td>Description</td>
<td>Date In Service</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>----------------</td>
</tr>
<tr>
<td>77</td>
<td>FRN30064-drawer vertical fire-proof filing cabinet</td>
<td>1/01/01</td>
</tr>
<tr>
<td>78</td>
<td>FRN3007Sentry A5865 Safe Mass Sale: 7/31/18</td>
<td>1/01/02</td>
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<tr>
<td>79</td>
<td>FRN30084-drawer lateral metal filing cabinet Mass Sale: 7/31/18</td>
<td>1/01/03</td>
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<tr>
<td>80</td>
<td>FRN3009Cubicle Mass Sale: 7/31/18</td>
<td>3/01/97</td>
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<tr>
<td>81</td>
<td>FRN30104-drawer lateral metal filing cabinet Mass Sale: 7/31/18</td>
<td>1/01/03</td>
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<tr>
<td>82</td>
<td>FRN3011Cubicle Mass Sale: 7/31/18</td>
<td>5/01/97</td>
</tr>
<tr>
<td>83</td>
<td>FRN3012Cubicle Mass Sale: 7/31/18</td>
<td>5/01/97</td>
</tr>
<tr>
<td>84</td>
<td>FRN3013Cubicle Mass Sale: 7/31/18</td>
<td>5/01/97</td>
</tr>
<tr>
<td>85</td>
<td>FRN3014Cubicle Mass Sale: 7/31/18</td>
<td>5/01/97</td>
</tr>
<tr>
<td>86</td>
<td>FRN3015Cubicle Mass Sale: 7/31/18</td>
<td>5/01/97</td>
</tr>
<tr>
<td>87</td>
<td>FRN3016Gray cubicle Mass Sale: 7/31/18</td>
<td>5/01/97</td>
</tr>
<tr>
<td>88</td>
<td>FRN30172-drawer lateral wooden filing cabinet Mass Sale: 7/31/18</td>
<td>6/03/94</td>
</tr>
<tr>
<td>89</td>
<td>FRN30182-drawer lateral wooden filing cabinet Mass Sale: 7/31/18</td>
<td>1/01/01</td>
</tr>
<tr>
<td>90</td>
<td>FRN3019Glass display cabinet Mass Sale: 7/31/18</td>
<td>2/23/00</td>
</tr>
<tr>
<td>91</td>
<td>FRN3020Wooden storage cabinet Mass Sale: 7/31/18</td>
<td>6/30/94</td>
</tr>
<tr>
<td>92</td>
<td>FRN30212-door metal storage closet Mass Sale: 7/31/18</td>
<td>3/01/97</td>
</tr>
<tr>
<td>93</td>
<td>FRN30225-drawer vertical metal filing cabinet Mass Sale: 7/31/18</td>
<td>12/01/70</td>
</tr>
<tr>
<td>94</td>
<td>FRN3023Large conference room table Mass Sale: 7/31/18</td>
<td>5/01/01</td>
</tr>
<tr>
<td>95</td>
<td>FRN3024TV/AV Cart Mass Sale: 7/31/18</td>
<td>1/01/98</td>
</tr>
<tr>
<td>96</td>
<td>FRN3025Cubicle partition - single side Mass Sale: 7/31/18</td>
<td>9/08/97</td>
</tr>
<tr>
<td>97</td>
<td>FRN3026Gray cubicle desk Mass Sale: 7/31/18</td>
<td>9/05/97</td>
</tr>
<tr>
<td>98</td>
<td>FRN3027Cubicle partition - single side Mass Sale: 7/31/18</td>
<td>9/08/97</td>
</tr>
<tr>
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<td>FRN3028Gray cubicle desk Mass Sale: 7/31/18</td>
<td>9/05/97</td>
</tr>
<tr>
<td>100</td>
<td>FRN3029Cubicle partition - single side Mass Sale: 7/31/18</td>
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<td>182</td>
<td>COM1043Cpartridge</td>
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<td>HY</td>
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</table>

**Total Other Depreciation**

|                      | 0 | 0 | HY | 0 | 0 |

**Total ACRS and Other Depreciation**

|                      | 0 | 0 | 0 | 0 | 0 |

**Listed Property:**

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<thead>
<tr>
<th>Asset</th>
<th>Description</th>
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<th>Cost</th>
<th>Bus %</th>
<th>Sec 179Bonus</th>
<th>Basis for Depr</th>
<th>Per Conv</th>
<th>Meth</th>
<th>Prior</th>
<th>Current</th>
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<tbody>
<tr>
<td>184</td>
<td>Isuzu2017DryVan w/lift gate</td>
<td>5/07/18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>HY</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asset Description</td>
<td>Date In Service</td>
<td>Cost</td>
<td>Bus %</td>
<td>Sec 179Bonus</td>
<td>Basis for Depr</td>
<td>Per Conv Meth</td>
<td>Prior</td>
<td>Current</td>
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### Future Depreciation Report FYE: 6/30/20

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<th>Cost</th>
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<th>AMT</th>
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<tbody>
<tr>
<td>27</td>
<td>COM1038 Computers- bulk purchase Cocoa Offi</td>
<td>7/06/12</td>
<td>13,968</td>
<td>0</td>
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<tr>
<td>28</td>
<td>COM1039 Computers CI (3) Zac Keith Gerri</td>
<td>7/01/14</td>
<td>2,240</td>
<td>0</td>
<td>0</td>
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<tr>
<td>29</td>
<td>COM1040 Computer RD Alecia</td>
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<td>900</td>
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<tr>
<td>30</td>
<td>COM1041 Computer Laptop HF Sherrie</td>
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<td>705</td>
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<tr>
<td>31</td>
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<td>6/01/16</td>
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<td>671</td>
<td>0</td>
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<tr>
<td>32</td>
<td>SFT6002 Helix ANDAR campaign software</td>
<td>5/16/02</td>
<td>20,500</td>
<td>0</td>
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</tr>
<tr>
<td>33</td>
<td>SFT6004 Helix ANDAR additional 2 licenses</td>
<td>5/01/06</td>
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<td>34</td>
<td>SFT6005 Helix ANDAR ACH &amp; Credit Card M</td>
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<td>0</td>
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<tr>
<td>35</td>
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<td>11/01/06</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>36</td>
<td>SFT6007 Helix ANDAR Standard M Module</td>
<td>3/01/07</td>
<td>2,350</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>37</td>
<td>SFT6008 Anti Virus software for Exchange server</td>
<td>9/01/07</td>
<td>1,730</td>
<td>0</td>
<td>0</td>
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<tr>
<td>38</td>
<td>SFT6009 DataPro Visions - GL AP &amp; PR module</td>
<td>3/01/08</td>
<td>4,650</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>39</td>
<td>SFT6010 Adobe Software Upgrades</td>
<td>5/01/08</td>
<td>1,008</td>
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<td>40</td>
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<tr>
<td>41</td>
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<tr>
<td>42</td>
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<td>6,400</td>
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<tr>
<td>43</td>
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<td>23,135</td>
<td>3,041</td>
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<tr>
<td>44</td>
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<td>5,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>69</td>
<td>PRN4007 HP Color Laserjet 9500hdn</td>
<td>6/01/08</td>
<td>8,500</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>165</td>
<td>FRN3094 Office Furniture Melbourne Office</td>
<td>5/01/16</td>
<td>5,431</td>
<td>776</td>
<td>0</td>
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<tr>
<td>180</td>
<td>Cable Installation Melbourne Office</td>
<td>5/31/16</td>
<td>4,184</td>
<td>419</td>
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<tr>
<td>185</td>
<td>COM1043 Cpartridge</td>
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<td>3,022</td>
<td>604</td>
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**Total Other Depreciation**

<table>
<thead>
<tr>
<th>Date In Service</th>
<th>Cost</th>
<th>Tax</th>
<th>AMT</th>
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<tbody>
<tr>
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<td>5,511</td>
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**Total ACRS and Other Depreciation**

<table>
<thead>
<tr>
<th>Date In Service</th>
<th>Cost</th>
<th>Tax</th>
<th>AMT</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>125,397</td>
<td>5,511</td>
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### Listed Property:

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<tr>
<th>Asset</th>
<th>Description</th>
<th>Date In Service</th>
<th>Cost</th>
<th>Tax</th>
<th>AMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>184</td>
<td>Isuzu2017 DryVan w/lift gate</td>
<td>5/07/18</td>
<td>46,409</td>
<td>9,282</td>
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**Grand Totals**

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<th>Cost</th>
<th>Tax</th>
<th>AMT</th>
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<tbody>
<tr>
<td></td>
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<td>171,806</td>
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### Other Depreciation:

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<th>Asset</th>
<th>Description</th>
<th>Date In Service</th>
<th>Cost</th>
<th>FL</th>
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</thead>
<tbody>
<tr>
<td>27</td>
<td>COM1038 Computers- bulk purchase Cocoa Offi</td>
<td>7/06/12</td>
<td>13,968</td>
<td>0</td>
</tr>
<tr>
<td>28</td>
<td>COM1039 Computers CI (3) Zac Keith Gerri</td>
<td>7/01/14</td>
<td>2,240</td>
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<td>29</td>
<td>COM1040 Computer RD Alecia</td>
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<td>30</td>
<td>COM1041 Computer Laptop HF Sherrie</td>
<td>7/01/14</td>
<td>705</td>
<td>0</td>
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<td>31</td>
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<td>3,354</td>
<td>671</td>
</tr>
<tr>
<td>32</td>
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<td>5/16/02</td>
<td>20,500</td>
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<td>33</td>
<td>SFT6004 Helix ANDAR additional 2 licenses</td>
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<td>3,500</td>
<td>0</td>
</tr>
<tr>
<td>34</td>
<td>SFT6005 Helix ANDAR ACH &amp; Credit Card Mc</td>
<td>6/01/06</td>
<td>1,000</td>
<td>0</td>
</tr>
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<td>35</td>
<td>SFT6006 Helix ANDAR Outlook Integration Module</td>
<td>11/01/06</td>
<td>1,500</td>
<td>0</td>
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<td>2,350</td>
<td>0</td>
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<td>3,030</td>
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<td>SFT6015 EPLEDGE</td>
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<td>5,431</td>
<td>776</td>
</tr>
<tr>
<td>180</td>
<td>Cable Installation Melbourne Office</td>
<td>5/31/16</td>
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<td>418</td>
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<td>COM1043 Cartridge</td>
<td>9/01/18</td>
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<td>604</td>
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</table>

**Total Other Depreciation:** 125,397

**Total ACRS and Other Depreciation:** 125,397

### Listed Property:

<table>
<thead>
<tr>
<th>Asset</th>
<th>Description</th>
<th>Date In Service</th>
<th>Cost</th>
<th>FL</th>
</tr>
</thead>
<tbody>
<tr>
<td>184</td>
<td>Isuzu 2017 Dry Van w/lift gate</td>
<td>5/07/18</td>
<td>46,409</td>
<td>9,282</td>
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**Grand Totals:** 171,806
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<th>(b) Other event</th>
<th>(c) Other event</th>
<th>(d) Total other events (add col. (a) through col. (c))</th>
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<td>3 Gross income</td>
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<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food/beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other expenses</td>
<td>48,568</td>
<td></td>
<td></td>
<td>48,568</td>
</tr>
<tr>
<td>Year</td>
<td>Contributions, gifts, grants</td>
<td>Program service revenue</td>
<td>Capital gain or loss</td>
<td>Investment income</td>
</tr>
<tr>
<td>------</td>
<td>------------------------------</td>
<td>-------------------------</td>
<td>--------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>2014</td>
<td>8,009,928</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>8,301,620</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>8,620,397</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>8,849,502</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**United Way of Brevard County**

**Employer Identification Number**

59-0836384
### Taxable Dividends from Securities

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Unrelated Business Code</th>
<th>Exclusion Code</th>
<th>Postal Code</th>
<th>Acquired after 6/30/75</th>
<th>US Obs ($ or %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and Dividend</td>
<td>$127,671</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment investment income</td>
<td>158</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Realized gain</td>
<td>23,790</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$151,619</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Expenses</th>
<th>Program Service</th>
<th>Management &amp; General</th>
<th>Fund Raising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Services</td>
<td>$ 31,880</td>
<td>$ 11,867</td>
<td>$ 2,505</td>
<td>$ 17,508</td>
</tr>
<tr>
<td></td>
<td>13,054</td>
<td>13,054</td>
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</tr>
<tr>
<td></td>
<td>138</td>
<td>138</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$ 45,072</td>
<td>$ 25,059</td>
<td>$ 2,505</td>
<td>$ 17,508</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Expenses</th>
<th>Program Service</th>
<th>Management &amp; General</th>
<th>Fund Raising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer recognition</td>
<td>$ 6,654</td>
<td>$ 3,785</td>
<td>$ 198</td>
<td>$ 2,671</td>
</tr>
<tr>
<td>Campaign expenses</td>
<td>4,358</td>
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<td>4,358</td>
</tr>
<tr>
<td>Misc</td>
<td>575</td>
<td>88</td>
<td>388</td>
<td>99</td>
</tr>
<tr>
<td>Total</td>
<td>$ 11,587</td>
<td>$ 3,873</td>
<td>$ 586</td>
<td>$ 7,128</td>
</tr>
</tbody>
</table>
## Federal Statements

### Schedule A, Part II, Line 1(e)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant and Contract</td>
<td>$1,629,887</td>
</tr>
<tr>
<td>Contributions</td>
<td>$6,640,085</td>
</tr>
<tr>
<td>Endowment contributions</td>
<td>$13,187</td>
</tr>
<tr>
<td>Books</td>
<td>$137,293</td>
</tr>
<tr>
<td>Household items &amp; clothing</td>
<td>$317,900</td>
</tr>
<tr>
<td>Hygiene</td>
<td>$22,672</td>
</tr>
<tr>
<td>Baby items</td>
<td>$75,949</td>
</tr>
<tr>
<td>Medical supplies</td>
<td>$1,109</td>
</tr>
<tr>
<td>Food</td>
<td>$1,170</td>
</tr>
<tr>
<td>Campaign Video</td>
<td>$10,250</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$8,849,502</strong></td>
</tr>
</tbody>
</table>
## Schedule A, Part II, Line 5 - Excess Gifts

<table>
<thead>
<tr>
<th>Donor Name</th>
<th>Total</th>
<th>Excess</th>
</tr>
</thead>
<tbody>
<tr>
<td>L3Harris Corporation</td>
<td>$ 1,984,225</td>
<td>$ 1,133,738</td>
</tr>
<tr>
<td>Publix Super Markets</td>
<td>1,172,715</td>
<td>322,228</td>
</tr>
<tr>
<td>Brevard Public Schools</td>
<td>233,209</td>
<td></td>
</tr>
<tr>
<td>Kennedy Space Center Visitor Complex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health First</td>
<td>173,675</td>
<td></td>
</tr>
<tr>
<td>Florida Institute of Technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collins Aerospace</td>
<td>165,336</td>
<td></td>
</tr>
<tr>
<td>Space Coast Credit Union</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 3,729,160</td>
<td>$ 1,455,966</td>
</tr>
</tbody>
</table>

## Federal Statements

### Schedule A, Part II, Line 8(e)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and Dividend</td>
<td>$127,671</td>
</tr>
<tr>
<td>Endowment investment income</td>
<td>$158</td>
</tr>
<tr>
<td>Realized gain</td>
<td>$23,790</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$151,619</strong></td>
</tr>
</tbody>
</table>

### Schedule A, Part II, Line 12 - Current year

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration fee income</td>
<td>$42,572</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>$40,427</td>
</tr>
<tr>
<td>Golf Tournament</td>
<td>$14,714</td>
</tr>
<tr>
<td>Space Race</td>
<td>$10,199</td>
</tr>
<tr>
<td>Other Events</td>
<td>$34,528</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$142,440</strong></td>
</tr>
</tbody>
</table>