

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Reinstated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF MANATEE COUNTY, INC.</b>		<b>D</b> Employer identification number <b>59-0901509</b>
	Doing Business As		<b>E</b> Telephone number <b>(941) 748-1313</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts <b>2,147,573.</b>
	<b>P.O. BOX 109</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or country, and ZIP + 4 <b>BRADENTON, FL 34206-0109</b>		<b>H(b)</b> Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>SARA RANKIN WILSON</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>HTTP://WWW.UWMC.NET</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1943</b>
<b>M</b> State of legal domicile: <b>FL</b>			

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>47</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>47</b>	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) <b>9</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) <b>478</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>2,128,036.</b> (Prior Year) <b>2,069,929.</b> (Current Year)
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b> <b>0.</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7c)	<b>805.</b> <b>370.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>60,703.</b> <b>46,906.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,189,544.</b> <b>2,117,205.</b>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,316,003.</b> <b>1,354,682.</b>	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>532,605.</b> <b>530,857.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>245,196.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>334,048.</b> <b>310,489.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,182,656.</b> <b>2,196,028.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>6,888.</b> <b>&lt;78,823.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>3,440,641.</b> (Beginning of Current Year) <b>3,245,638.</b> (End of Year)
	<b>21</b> Total liabilities (Part X, line 26)	<b>821,669.</b> <b>705,489.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,618,972.</b> <b>2,540,149.</b>

**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.

<b>Sign Here</b>	Signature of officer <i>Sara Rankin Wilson</i>	Date <b>2-1-12</b>
	<b>SARA RANKIN WILSON, VICE PRESIDENT</b> Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/preparer's name <b>BYRON E. SHINN</b>	Preparer's signature <i>Byron E. Shinn</i>
	Firm's name <b>SHINN &amp; COMPANY LLC</b>	Date <b>1-28-12</b>
	Firm's address <b>1001 3RD AVENUE WEST, SUITE 500 BRADENTON, FL 34205</b>	Check <input type="checkbox"/> Not employed Firm's EIN ▶
		Phone no. <b>(941) 747-0500</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE UNITED WAY OF MANATEE COUNTY, INC. CAMPAIGNS FOR CONTRIBUTIONS FOR THE BENEFIT OF CERTAIN VOLUNTARY HEALTH AND WELFARE AGENCIES.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,497,799, including grants of \$ ) (Revenue \$ ) UNITED WAY OF MANATEE COUNTY, INC. IS A FEDERATED FUNDRAISING ORGANIZATION. IT CAMPAIGNS FOR CONTRIBUTIONS FOR THE BENEFIT OF CERTAIN HEALTH AND WELFARE AGENCIES.

4b (Code: ) (Expenses \$ 181,979, including grants of \$ ) (Revenue \$ ) THE COMMUNITY SERVICE PROGRAM WAS DEVELOPED TO ASSESS HUMAN SERVICE NEEDS. THE PROJECT IDENTIFIES GAPS, REDUCES DUPLICATION OF SERVICES, AND DIRECTS LIMITED RESOURCES TO IMPROVE COMMUNITY CONDITIONS.

4c (Code: ) (Expenses \$ 169,211, including grants of \$ ) (Revenue \$ ) FUND DISTRIBUTION EXPENSES ARE INCURRED BY THE UNITED WAY IN FULFILLING ITS STEWARDSHIP RESPONSIBILITY IN THE JUDICIOUS AND CAREFUL ALLOCATIONS OF FUNDS RAISED IN SUPPORT OF COMMUNITY SERVICES.

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

4e Total program service expenses 1,848,989.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in trust, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a, 1b, etc.), and Yes/No columns. Includes questions about Form 1099-B, Form W-2G, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and Form 990 filings.

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

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

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	47
b Enter the number of voting members included in line 1a, above, who are independent	1b	47
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11b	
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **UNITED WAY OF MANATEE COUNTY, INC. - (941) 748-1313**  
**1701 14TH STREET WEST, BRADENTON, FL 34205**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN ANNIS DIRECTOR	1.00	X					0.	0.	0.	
GENE BECKSTEIN DIRECTOR	1.00	X					0.	0.	0.	
JENNIFER BENCIE DIRECTOR	1.00	X					0.	0.	0.	
BETH BENDER DIRECTOR	1.00	X					0.	0.	0.	
BRUCE BODY DIRECTOR	1.00	X					0.	0.	0.	
CARLOS CARDENAS DIRECTOR	1.00	X					0.	0.	0.	
CINDY DENISON DIRECTOR	1.00	X					0.	0.	0.	
RAE DOWLING DIRECTOR	1.00	X					0.	0.	0.	
TIM HENNING DIRECTOR	1.00	X					0.	0.	0.	
MARK HOKE DIRECTOR	1.00	X					0.	0.	0.	
RENAV HOUSTON, JR. DIRECTOR	1.00	X					0.	0.	0.	
ED HUNZEKER DIRECTOR	1.00	X					0.	0.	0.	
BARBARA JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
HELEN KEYS DIRECTOR	1.00	X					0.	0.	0.	
ANNE V. LES DIRECTOR	1.00	X					0.	0.	0.	
JANNA LEINHAUSER DIRECTOR	1.00	X					0.	0.	0.	
LISA LEUCHTER DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Board member or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TIM MCGONIGAL DIRECTOR	1.00	X						0.	0.	0.
LINDA MCGRATH DIRECTOR	1.00	X						0.	0.	0.
MARIANNE MOYER DIRECTOR	1.00	X						0.	0.	0.
GALE NICELY DIRECTOR	1.00	X						0.	0.	0.
WENDY PEARSON DIRECTOR	1.00	X						0.	0.	0.
VERNIE PICKHARDT DIRECTOR	1.00	X						0.	0.	0.
TODD SHEAR DIRECTOR	1.00	X						0.	0.	0.
DEBBIE TAPP DIRECTOR	1.00	X						0.	0.	0.
BOB THOMPSON DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								145,500.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								145,500.	0.	0.

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

	Yes	No
<b>3</b> 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
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> 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. **NONE**

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	None			
BOB TURNER DIRECTOR	1.00	X					0.	0.	0.	
ADRON WALKER DIRECTOR	1.00	X					0.	0.	0.	
CHERYL WOELTJEN DIRECTOR	1.00	X					0.	0.	0.	
ANDREA BELCHER DIRECTOR	1.00	X					0.	0.	0.	
MATTHEW DAVIS DIRECTOR	1.00	X					0.	0.	0.	
LISA EMORY DIRECTOR	1.00	X					0.	0.	0.	
TIM ESTEP DIRECTOR	1.00	X					0.	0.	0.	
A. J. GRANT DIRECTOR	1.00	X					0.	0.	0.	
SANDY KIRKPATRICK DIRECTOR	1.00	X					0.	0.	0.	
CONNIE MEDROS-JACOBS DIRECTOR	1.00	X					0.	0.	0.	
STEPHANIE PETTA DIRECTOR	1.00	X					0.	0.	0.	
JENNIFER RAEBACH DIRECTOR	1.00	X					0.	0.	0.	
MELODIE RICH DIRECTOR	1.00	X					0.	0.	0.	
NICHOLAS ROBERTS DIRECTOR	1.00	X					0.	0.	0.	
SGT. VALORIE SHOMES DIRECTOR	1.00	X					0.	0.	0.	
IRIS THOMAS DIRECTOR	1.00	X					0.	0.	0.	
KIMBERN TIBBETS DIRECTOR	1.00	X					0.	0.	0.	
DARRELL TURNER DIRECTOR	1.00	X					0.	0.	0.	
DANIEL VIGNE DIRECTOR	1.00	X					0.	0.	0.	
DENISE WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										



Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 2,048,484.					
	b Membership dues	1b					
	c Fundraising events	1c 21,445.					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f						
	<b>h Total. Add lines 1a-1f</b>		<b>2,069,929.</b>				
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	<b>f All other program service revenue</b>						
<b>g Total. Add lines 2a-2f</b>							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		370.	370.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	4,368.				
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)	4,368.				
	d Net rental income or (loss)		4,368.	4,368.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 21,445. of contributions reported on line 1c). See Part IV, line 18		65,758.				
b Less: direct expenses		30,368.					
c Net income or (loss) from fundraising events			35,390.		35,390.		
9 a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a ADMINISTRATIVE INCOME	900099		7,148.	7,148.			
b							
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>			<b>7,148.</b>				
<b>12 Total revenue. See instructions.</b>			<b>2,117,205.</b>	<b>11,886.</b>	<b>0.</b>	<b>35,390.</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,354,682.	1,354,682.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,500.	72,750.	58,200.	14,550.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	385,357.	207,419.	24,187.	153,751.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,500.	7,350.	735.	2,415.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	16,661.	11,663.	1,058.	3,940.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,811.	7,320.	909.	5,582.
20 Interest	39,022.	39,022.		
21 Payments to affiliates	29,905.	29,905.		
22 Depreciation, depletion, and amortization	60,554.	45,416.	3,633.	11,505.
23 Insurance	21,866.	9,184.	3,044.	9,638.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MAINTENANCE	31,130.	11,518.	4,707.	14,905.
b PRINTING / PUBLICATIONS	29,868.	22,102.	932.	6,834.
c TELEPHONE AND UTILITIES	29,028.	19,160.	2,663.	7,205.
d SUPPLIES	9,125.	3,258.	464.	5,403.
e POSTAGE AND SHIPPING	7,078.	1,840.	576.	4,662.
f All other expenses	11,941.	6,400.	735.	4,806.
25 Total functional expenses. Add lines 1 through 24f	2,196,028.	1,848,989.	101,843.	245,196.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	300.	1	299.
	2	Savings and temporary cash investments	528,075.	2	468,965.
	3	Pledges and grants receivable, net	729,157.	3	772,362.
	4	Accounts receivable, net	1,079.	4	2,635.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	29,270.	9	16,489.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,414,257.		
	b	Less: accumulated depreciation	10b 585,950.	1,890,820.	10c 1,828,307.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	261,940.	15	156,581.
16	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b>	<b>3,440,641.</b>	<b>16</b>	<b>3,245,638.</b>	
Liabilities	17	Accounts payable and accrued expenses	25,369.	17	17,295.
	18	Grants payable		18	
	19	Deferred revenue	6,499.	19	17,852.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	605,677.	23	512,927.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	184,124.	25	157,415.
	26	<b>Total liabilities. Add lines 17 through 25</b>	<b>821,669.</b>	<b>26</b>	<b>705,489.</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,834,308.	27	1,710,685.
	28	Temporarily restricted net assets	784,664.	28	829,464.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	<b>2,618,972.</b>	<b>33</b>	<b>2,540,149.</b>	
34	<b>Total liabilities and net assets/fund balances</b>	<b>3,440,641.</b>	<b>34</b>	<b>3,245,638.</b>	

**Part XI** Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,117,205.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,196,028.
3	Revenue less expenses. Subtract line 2 from line 1	3	<78,823.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,618,972.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,540,149.

**Part XII** Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4230095.	2901363.	2027564.	2128036.	2069292.	13356350.
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	4230095.	2901363.	2027564.	2128036.	2069292.	13356350.
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						13356350.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4230095.	2901363.	2027564.	2128036.	2069292.	13356350.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,891.	18,034.	9,316.	805.	370.	38,416.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	73,555.	78,436.	83,141.	26,067.	28,593.	289,792.
11 Total support. Add lines 7 through 10						13684558.
12 Gross receipts from related activities, etc. (see instructions)					74,450.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	97.60 %
15 Public support percentage from 2009 Schedules A, Part II, line 14	15	97.31 %
16a 33 1/3% support test - 2010, if the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009, if the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010, if the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009, if the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

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

19a 33 1/3% support tests - 2010, if the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2009, if the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

**UNITED WAY OF MANATEE COUNTY, INC.****59-0901509**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

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

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

**General Rule**

- 
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

**UNITED WAY OF MANATEE COUNTY, INC.**

**59-0901509**

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization

Employer identification number

**UNITED WAY OF MANATEE COUNTY, INC.**

**59-0901509**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferor's name, address, and ZIP + 4**

**Relationship of transferor to transferee**

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferor's name, address, and ZIP + 4**

**Relationship of transferor to transferee**

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferor's name, address, and ZIP + 4**

**Relationship of transferor to transferee**

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

**Transferor's name, address, and ZIP + 4**

**Relationship of transferor to transferee**

--	--

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**UNITED WAY OF MANATEE COUNTY, INC.**

Employer identification number

**59-0901509**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21.

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R? | 3b     |    |

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		386,245.		386,245.
b Buildings		1,737,887.	415,455.	1,322,432.
c Leasehold improvements		52,003.	36,235.	15,768.
d Equipment		212,866.	110,171.	102,695.
e Other		25,256.	24,089.	1,167.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,828,307.

**Part VII** Investments - Other Securities. See Form 990, Part X, line 12.

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

**Part VIII** Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX** Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X** Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	8,884.
(3) DUE TO DESIGNATED AGENCIES	135,726.
(4) DUE TO UNITED WAY FOUNDATION OF	
(5) MANATEE COUNTY	12,805.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	157,415.

Part XIV. Provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions (LUPU).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,117,205.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,196,028.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<78,823.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<78,823.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,765,759.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	648,554.
e	Add lines 2a through 2d	2e	648,554.
3	Subtract line 2e from line 1	3	2,117,205.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,117,205.

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

1	Total expenses and losses per audited financial statements	1	2,256,672.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	60,644.
e	Add lines 2a through 2d	2e	60,644.
3	Subtract line 2e from line 1	3	2,196,028.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,196,028.

**Part XIV Supplemental information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

UNITED WAY FOUNDATION REVENUE REPORTED UNDER EIN 65-0836972 183,639.

UNITED WAY FOUNDATION INVESTMENT GAIN REPORTED UNDER EIN

65-0836972 464,915.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 648,554.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

Part XIV Supplemental Information (continued)

UNITED WAY FOUNDATION EXPENSES REPORTED UNDER EIN

65-0836972

60,644.

Table with multiple empty rows for supplemental information.



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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	MCG GOLF (event type)	ROCK CLIMBING (event type)	2 (total number)	(add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts	24,698.	14,096.	19,925.	58,719.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	24,698.	14,096.	19,925.	58,719.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	7,722.	3,249.	6,707.	17,678.
10 Direct expense summary. Add lines 4 through 9 in column (d)				( 17,678 )
11 Net income summary. Combine line 3, column (d), and line 10				41,041.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 8a.

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

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

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

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

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

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

Name of the organization

**UNITED WAY OF MANATEE COUNTY, INC.**

Employer identification number  
**59-0901509**

**Part I** General Information on Grants and Assistance

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

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

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 2905 59TH ST W BRADENTON, FL 34209	53-0185595	501(C)(3)	96,318	0			
LITERACY COUNCIL OF MANATEE COUNTY, INC. - 1701 14TH ST W, SUITE 3 - BRADENTON, FL 34205	59-2115479	501(C)(3)	28,114	0			
MANATEE OPPORTUNITY COUNCIL - WHOLE CHILD PROJECT - 302 MANATEE AVE S, SUITE 209 - BRADENTON, FL 34208	59-6208766	501(C)(3)	25,000	0			
MANATEE OPPORTUNITY COUNCIL - HEALTHY FAMILIES - 302 MANATEE AVE S, SUITE 209 - BRADENTON, FL 34208	59-6208766	501(C)(3)	14,787	0			
EARLY LEARNING COALITION - SCHOOL READINESS - 3526 5TH ST WEST - BRADENTON, FL 34205	55-0811318	501(C)(3)	87,000	0			
SALVATION ARMY - CORP PROGRAM 1704 14TH ST W BRADENTON, FL 34205	59-8631403	501(C)(3)	75,460	0			

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

3 Enter total number of other organizations

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

Schedule J (Form 990) (2010)

UNITED WAY OF MANATEE COUNTY, INC.  
 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARASOTA MANATEE ASSOCIATION FOR RIDING THERAPY - PO BOX 5566 - BRADENTON, FL 34206	65-0943354	501(C)(3)	15,556	0			
TALLEYHAST COMMUNITY CENTER PO BOX 15 TALLEYHAST, FL 34220	59-5114053	501(C)(3)	3,458	0			
UNITED COMMUNITY CENTERS, INC. PO BOX 1683 BRADENTON, FL 34205	55-0232324	501(C)(3)	52,403	0			
CHILDREN'S ACADEMY OF SOUTHWEST FLORIDA, INC. - 923 26TH ST W - BRADENTON, FL 34205	59-1432475	501(C)(3)	57,443	0			
MANATEE FAMILY YCCA, INC. 3805 59TH ST W BRADENTON, FL 34209	59-1625905	501(C)(3)	30,080	0			
HEALS ON WHEELS PLUS OF MANATEE, INC. - 811 23RD AVE E - BRADENTON, FL 34208	59-1428986	501(C)(3)	114,487	0			
MIAMI CITY COMMUNITY CENTER, INC. PO BOX 103 MIAMI CITY, FL 34251	59-1050657	501(C)(3)	25,658	0			
PALMETTO YOUTH CENTER, INC. PO BOX 608 PALMETTO, FL 34220	59-1090377	501(C)(3)	22,750	0			
PACE CENTER FOR GIRLS OF MANATEE COUNTY, INC. - 3508 26TH ST W - BRADENTON, FL 34205	59-2414492	501(C)(3)	15,325	0			

**UNITED WAY OF MANATEE COUNTY, INC.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY & CHILDREN'S SERVICES OF SARASOTA-MANATEE, INC. - 2688 FRUITVILLE RD - SARASOTA, FL 34237	59-2693318	501(C)(3)	55,000	0			
EASTER SEALS OF SOUTHWEST FLORIDA, INC. - 350 BRADEN AVE - SARASOTA, FL 34243	59-0638490	501(C)(3)	16,898	0			
EXCHANGE CLUB FAMILY PARTNERSHIP, INC. - 4012 CORTEZ RD W, SUITE 2205 - BRADENTON, FL 34210	65-0274386	501(C)(3)	13,800	0			
FAMILY RESOURCES, INC. 361 6TH AVE W BRADENTON, FL 34205	23-7166872	501(C)(3)	7,500	0			
HOPE FAMILY SERVICES, INC. PO BOX 1624 BRADENTON, FL 34205	59-1978241	501(C)(3)	82,063	0			
MANATEE COUNTY GIRLS CLUB, INC. 936 14TH ST W BRADENTON, FL 34205	59-1271332	501(C)(3)	80,089	0			
MANASOTA ARC, INC. 3653 CORTEZ RD W BRADENTON, FL 34210	65-0988415	501(C)(3)	20,237	0			
MANATEE CHILDREN'S SERVICES, INC. 465 CORTEZ RD W BRADENTON, FL 34207	59-1771210	501(C)(3)	36,547	0			
ANNA MARIA ISLAND COMMUNITY CENTER PO BOX 253 ANNA MARIA, FL 34216	59-6166231	501(C)(3)	24,367	0			

**UNITED WAY OF MANATEE COUNTY, INC.**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE SUN COAST - 1201 6TH AVE, SUITE 306 - BRADENTON, FL 34205	59-1351026	501(C)(3)	33,790	0			
BOYS & GIRLS CLUBS OF MANATEE COUNTY - 5211 MANATEE AVE W - BRADENTON, FL 34203	59-0675141	501(C)(3)	28,780	0			
CHILDREN'S HAVEN & ADULT COMMUNITY SERVICES - 44405 DESOTO RD - SARASOTA, FL 34235	59-1305522	501(C)(3)	41,741	0			
COMMUNITY CONNECTION ON HOMELESSNESS - 302 11TH AVE S - BRADENTON, FL 34208	59-3340921	501(C)(3)	18,000	0			
DEAF SERVICE CENTER 1860 BOY SCOUT DR, SUITE 2208 FORT MYERS, FL 33907	58-2398172	501(C)(3)	22,342	0			
UNITED WAY 2-1-1 OF MANASOTA, INC. 1445 2ND ST SARASOTA, FL 34236	28-0252358	501(C)(3)	55,800	0			
CATHOLIC CHARITIES 1219 16TH ST W BRADENTON, FL 34204	58-2473176	501(C)(3)	5,080	0			
JEWISH FAMILY & CHILDREN'S SERVICES - 2620 FRUITVILLE RD - SARASOTA, FL 34237	58-2693118	501(C)(3)	15,000	0			
SUNCOAST PARTNERSHIP TO END HOMELESSNESS - 701 17TH AVE WEST - BRADENTON, FL 34207	28-2782762	501(C)(3)	5,000	0			

**UNITED WAY OF MANATEE COUNTY, INC.**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section # applicable	(e) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSIGHT COUNSELING SERVICES 4014 E 26TH ST # BRADENTON, FL 34205	65-1023414	501(C)(13)	5,000	0			
FAMILY NETWORK ON DISABILITIES PO BOX 110025 BRADENTON, FL 34211	65-0156905	501(C)(13)	5,000	0			

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(g) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

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SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public  
Inspection

Name of the organization

UNITED WAY OF MANATEE COUNTY, INC.

Employer identification number

59-0901509

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE UNITED WAY OF MANATEE COUNTY, INC. CAMPAIGNS FOR CONTRIBUTIONS FOR  
THE BENEFIT OF CERTAIN VOLUNTARY HEALTH AND WELFARE AGENCIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DESIGNATIONS ARE CONTRIBUTIONS FROM DONORS WHO DESIGNATE WHICH SPECIFIC  
MEMBER AGENCY WILL GET THE DONATION

FORM 990, PART VI, SECTION B, LINE 11: THE TAX PREPARER PREPARED THE  
RETURN AND SENT THE RETURN TO THE FINANCE DIRECTOR FOR REVIEW. AFTER THE  
FINANCE DIRECTOR APPROVED THE RETURN, THE FORM 990, RETURN OF ORGANIZATION  
EXEMPT FROM INCOME TAX, WAS SENT BEFORE THE EXECUTIVE COMMITTEE OF THE  
BOARD OF DIRECTORS FOR APPROVAL. AFTER THE EXECUTIVE COMMITTEE OF THE  
BOARD OF DIRECTORS VOTES TO ACCEPT THE FORM 990, THE TAX RETURN IS SIGNED  
AND RELEASED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY ALL BOARD MEMBERS AND  
STAFF ARE REQUIRED TO COMPLETE AND SUBMIT A SIGNED CONFLICT OF INTEREST. WE  
MAKE SURE TO FOLLOW UP THAT EVERYONE HAS SIGNED AND RETURNED AND THEN WE  
FILE.

FORM 990, PART VI, SECTION B, LINE 15: BASED ON THE REVIEW OF THE  
COMPARABLE DATA BOTH LOCALLY AND OTHER UNITED WAYS THAT ARE THE SAME METRO  
SIZE, THE EXECUTIVE COMMITTEE DETERMINES AND RECOMMENDS TO THE BOARD OF  
DIRECTORS THE ANNUAL COMPENSATION OF THE PRESIDENT/CEO AND FINANCE  
DIRECTOR. THE COMMITTEE ALSO REVIEWS AND APPROVES OTHER KEY EMPLOYEES BASED

Name of the organization

UNITED WAY OF MANATEE COUNTY, INC.

Employer identification number

59-0901509

ON THE RECOMMENDATION OF THE PRESIDENT AND TREASURER.

FORM 990, PART VI, SECTION C, LINE 19: THE UNITED WAY OF MANATEE COUNTY, INC. WILL PROVIDE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS UPON REQUEST.

**Related Organizations and Unrelated Partnerships**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 36, or 37.  
 ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization: **UNITED WAY OF MANATEE COUNTY, INC.** Employer identification number: **59-0901509**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 513(b)(3) certified	
						Yes	No
UNITED WAY FOUNDATION OF MANATEE COUNTY - 65-0836972, 1701 14TH STREET WEST, BRADENTON, FL 34205-7132	INCREASE AWARENESS OF UNITED WAY OF MANATEE COUNTY, INC.	FLORIDA	501(C)(13)	1701(B)(1)(A) INC.	UNITED WAY OF MANATEE COUNTY, INC.		X



**UNITED WAY OF MANATEE COUNTY, INC.**

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

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

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

(a) Name of other organization	(b) Transaction type (a-i)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY FOUNDATION OF MANATEE COUNTY	B	12,805.	
(2)			
(3)			
(4)			
(5)			



