

Form **990**

**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)

**2005**  
Open to Public Inspection

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 2005 calendar year, or tax year beginning 1/01/06, and ending 6/30/06**

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

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
UNITED WAY OF ALACHUA COUNTY INC

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
6031 NW 1ST PLACE

City or town, state or country, and ZIP + 4  
GAINESVILLE FL 32607

**D Employer identification no.**  
59-0808855

**E Telephone number**  
352-331-2800

**F Accounting method**  Cash  Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations.

**G Website:** WWW.UNITEDWAYNCFL.ORG

**J Organization type** (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates  Yes  No

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instr.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number**

**M Check**  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 1 **1,728,139**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	1,629,478		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d Total</b> (add lines 1a through 1c) (cash \$ 1,627,918 noncash \$ 1,560 )	<b>1d</b>			1,629,478
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			67,909
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			24,244
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe )	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>			
	(B) Other	<b>8a</b>			
	Less: cost or other basis and sales expenses	<b>8b</b>			
	Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			6,508	
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			1,728,139	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			1,981,791
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			95,605
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			169,490
	<b>16</b> Payments to affiliates (attach schedule) SEE STATEMENT 1	<b>16</b>			36,546
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>			2,283,432
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			-555,293
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			3,118,124
	<b>20</b> Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	<b>20</b>			19,647
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			2,582,478

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) <u>STMT 3</u> (cash \$ <u>1,721,619</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 1,721,619	1,721,619		
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 42,500	10,625	10,625	21,250
26 Other salaries and wages	26 220,579	115,736	40,156	64,687
27 Pension plan contributions	27 18,575	9,349	3,427	5,799
28 Other employee benefits	28 25,331	12,750	4,674	7,907
29 Payroll taxes	29 20,730	10,347	3,856	6,527
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 22,545	7,454	5,605	9,486
34 Telephone	34 21,203	11,190	3,719	6,294
35 Postage and shipping	35 3,659	1,224	905	1,530
36 Occupancy	36 9,661	6,996	991	1,674
37 Equipment rental and maintenance	37			
38 Printing and publications	38 15,143	5,917	933	8,293
39 Travel	39 7,430	2,792	1,723	2,915
40 Conferences, conventions, and meetings	40 12,011	4,936	2,628	4,447
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 16,056	7,712	3,099	5,245
43 Other expenses not covered above (itemize):				
a <u>SEE STATEMENT 4</u>	43a 89,844	53,144	13,264	23,436
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 2,246,886	1,981,791	95,605	169,490

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 5	<b>Program Service Expenses</b> (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> UNITED WAY OF ALACHUA COUNTY ALLOCATED FUNDING FOR LOCAL AND TAX EXEMPT ORGANIZATIONS. ALSO COSTS ASSOCIATED WITH AGENCY REVIEW ALLOCATIONS  (Grants and allocations \$ 1,721,619 ) If this amount includes foreign grants, check here <input type="checkbox"/>	1,808,038
<b>b</b> UNITED WAY OF ALACHUA COUNTY PROVIDES AN INFORMATION AND REFERRAL SERVICE TO THE PUBLIC AND MAINTAINS A HUMAN SERVICES DIRECTORY  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	113,501
<b>c</b> THESE ARE COSTS ASSOCIATED WITH COMMUNICATIONS AND MEDIA TO PROMOTE THE DEVELOPMENT OF FINANCIAL RESOURCES TO MEET THE NEEDS OF THE COMMUNITY  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	60,252
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	<b>1,981,791</b>

**Part IV Balance Sheets** (See the instructions.)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>45</b> Cash-non-interest-bearing .....	73,193	<b>45</b>	50,823	
	<b>46</b> Savings and temporary cash investments .....	1,862,808	<b>46</b>	1,547,883	
	<b>47a</b> Accounts receivable .....	<b>47a</b>			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>		<b>47c</b>	
	<b>48a</b> Pledges receivable .....	1,539,851			
	<b>b</b> Less: allowance for doubtful accounts .....	96,778	1,808,891	<b>48c</b>	1,443,073
	<b>49</b> Grants receivable .....			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....			<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) .....	<b>51a</b>			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use .....			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....	7,424	<b>53</b>		102,559
	<b>54</b> Investments-securities <u>SEE STATEMENT 6</u> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	590,301	<b>54</b>		608,751
	<b>55a</b> Investments-land, buildings, and equipment: basis .....	<b>55a</b>			
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b>		<b>55c</b>	
	<b>56</b> Investments-other (attach schedule) .....			<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis .....	705,930			
	<b>b</b> Less: accumulated depreciation (attach schedule) <u>SEE STATEMENT 7</u> .....	235,118	459,716	<b>57c</b>	470,812
	<b>58</b> Other assets (describe <u>SEE STATEMENT 8</u> ) .....	26,142	26,142	<b>58</b>	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58. ....	4,828,475	4,828,475	<b>59</b>	4,223,901	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses .....	24,568	<b>60</b>	4,996	
	<b>61</b> Grants payable .....	578,890	<b>61</b>	462,473	
	<b>62</b> Deferred revenue .....			<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....			<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....			<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....			<b>64b</b>	
	<b>65</b> Other liabilities (describe <u>SEE STATEMENT 9</u> ) .....	1,106,893	1,106,893	<b>65</b>	1,173,954
<b>66 Total liabilities.</b> Add lines 60 through 65 .....	1,710,351	1,710,351	<b>66</b>	1,641,423	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check her</b> <input checked="" type="checkbox"/> <b>and complete lines</b> 67 through 69 and lines 73 and 74.				
	<b>67</b> Unrestricted .....	1,796,108	<b>67</b>	2,290,495	
	<b>68</b> Temporarily restricted .....	1,294,233	<b>68</b>	264,200	
	<b>69</b> Permanently restricted .....	27,783	<b>69</b>	27,783	
	<b>Organizations that do not follow SFAS 117, check her</b> <input type="checkbox"/> <b>and</b> complete lines 70 through 74.				
	<b>70</b> Capital stock, trust principal, or current funds .....			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....	3,118,124	3,118,124	<b>73</b>	2,582,478
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. ....	4,828,475	4,828,475	<b>74</b>	4,223,901



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (39 meetings), 75b (relationships), 75c (compensation), and 75d (conflict of interest).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contrib. to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'N/A'.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76 (activity not reported), 77 (changes in documents), 78a (unrelated business income), 78b (tax return), 79 (liquidation), 80a (related organization), 81a (political expenditures), and 81b (Form 1120-POL).

Part VI Other Information (continued)

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		N/A
	83b		
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
	84b		
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
	85a		
<b>c</b>	Dues, assessments, and similar amounts from members		85c
<b>d</b>	Section 162(e) lobbying and political expenditures		85d
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
	85g		
	85h		
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		86a
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		86b
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		87a
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		87b
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
<b>90a</b>	List the states with which a copy of this return is filed ▶ NONE		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		90b
			12
<b>91a</b>	The books are in care of ▶ KAREN BRICKLEMYER Telephone no. ▶ 352-331-2800 6031 NW 1 PLACE Located at ▶ GAINESVILLE, FL ZIP + 4 ▶ 32607		
<b>b</b>	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)?		91b
	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
	At any time during the calendar year, did the organization maintain an office outside of the United States?		91c
<b>c</b>	If "Yes," enter the name of the foreign country ▶		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a TRANSFER FEES					67,909
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	24,244	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER					5,688
c OTHER					820
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		24,244	74,417
105 Total (add line 104, columns (B), (D), and (E))					98,661

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	COSTS INCURRED FOR ALLOCATING DONOR DESIGNATED DONATIONS
103A	INFORMATION AND REFERRAL SYSTEM TO CONNECT TO UNITED WAY

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

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 \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: DAVIS, MONK & COMPANY  
4010 NW 25 PLACE  
GAINESVILLE, FL 32606-6623

Preparer's SSN or PTIN (See Gen. Instr. W) P00316108  
EIN 59-1756778  
Phone no. 352-372-6300

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

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

UNITED WAY OF ALACHUA COUNTY INC

Employer identification number  
59-0808855

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include questions about lobbying activities, compensation, and grants.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

Table for lines 26a-26f. 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 26b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. 26c Total support for section 509(a)(1) test: Enter line 24, column (e). 26d Add: Amounts from column (e) for lines: 18 197,976 19 213,176 22 1,141 26b 213,176. 26e Public support (line 26c minus line 26d total). 26f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

Table for lines 27a-27h. 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) (2003) (2002) (2001) N/A. b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) (2003) (2002) (2001) N/A. c Add: Amounts from column (e) for lines: 15 16 17 20 21. 27c 27d 27e. d Add: Line 27a total and line 27b total. 27d. e Public support (line 27c total minus line 27d total). 27e. f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). 27f. g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27g. h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). 27h.

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for lobbying expenditures and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table for 4-Year Averaging Period with columns for 2005, 2004, 2003, 2002, and Total. Rows include lines 45-50 for nontaxable amounts and lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

Table for reporting lobbying activity with columns for Yes, No, and Amount. Rows list activities a through i, including volunteers, staff, media, mailings, publications, grants, and direct contact.



**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

UNITED WAY OF ALACHUA COUNTY INC

Identifying number

59-0808855

Business or activity to which this form relates

INDIRECT DEPRECIATION

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr 5	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

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

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

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,056

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

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

**Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> 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 instr.	22	16,056
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

### Federal Statements

#### Statement 1 - Form 990, Part I, Line 16 - Payments to Affiliates

<u>Bus Name</u>	<u>Addr</u>	<u>Purpose</u>	<u>Amount</u>
UNITED WAY OF AMERICA	701 N FAIRFAX STREET	NATIONAL AFFILIATE	\$ 36,546
TOTAL			<u>\$ 36,546</u>

**Federal Statements**

**Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
UNREALIZED GAINS ON SECURITIES	\$ 19,647
TOTAL	\$ <u>19,647</u>

Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
ACORN CLINIC 23320 NORTH STATE ROAD BROOKER, FL, 32622	NONE				\$ 133,036	\$	\$		
ALACHUA CTY. HEALTHY KIDS 6031 NW 1ST PLACE GAINESVILLE, FL, 32607	NONE				15,290				
AMERICAN RED CROSS 6031 NW 1ST PLACE GAINESVILLE, FL, 32607	NONE				84,190				
ANOTHER WAY, INC. PO BOX 1028 LAKE CITY, FL, 32056	NONE				26,863				
ARC OF NORTH CENTRAL FLORIDA 3303 NW 83RD ST GAINESVILLE, FL, 32606	NONE				32,830				
BIG BROTHERS/BIG SISTERS 6031 NW 1ST PL	NONE				95,587				

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
GAINESVILLE, FL, 32607					\$	\$	\$		
BOYS AND GIRLS CLUB OF ALACHUA PO BOX 532	NONE				186,227				
GAINESVILLE, FL, 32602									
CATHOLIC CHARITIES BUREAU, INC. 1717 NE 9TH ST	NONE				54,879				
GAINESVILLE, FL, 32609									
CHILD ADVOCACY CENTER PO BOX 1128	NONE				43,087				
GAINESVILLE, FL, 32602									
CHILD CARE RESOURCES 515 NORTH MAIN STREET	NONE				2,320				
GAINESVILLE, FL, 32601									
CHILDREN'S HOME SOCIETY 605 NE 1ST ST SUITE H	NONE				62,938				
GAINESVILLE, FL, 32601									
CONSUMER CREDIT COUNSELING	NONE				816				

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
PO BOX 4110					\$	\$	\$		
OCALA, FL, 34478									
CORNER DRUG STORE	NONE				60,268				
1300 NW 6TH ST									
GAINESVILLE, FL, 32601									
EARLY LEARNING COALITION	NONE				62,040				
1204 NW 13TH ST									
GAINESVILLE, FL, 32605									
EASTER SEALS FLORIDA AT ALTRUSA HOU	NONE				3,154				
2002 NW 36TH AVE									
GAINESVILLE, FL, 32605									
ELDER CARE OF NORTH CENTRAL FLORIDA	NONE				77,082				
4026 NW 22ND DR									
GAINESVILLE, FL, 32605									
FLORIDA DIABETES CAMP	NONE				20,147				
PO BOX 14136									
GAINESVILLE, FL, 32604									

**Federal Statements****Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
GAINESVILLE COMMUNITY MINISTRIES 238 SW 4TH AVE GAINESVILLE, FL, 32601	NONE				\$ 18,127	\$	\$		
GIRL SCOUTS OF GATEWAY COUNCIL 1000 SHEARER ST JACKSONVILLE, FL, 32205	NONE				36,329				
GIRLS CLUB OF NORTH CENTRAL FLORIDA 801 N. MAGNOLIA AVE SUITE 305 ORLANDO, FL, 32802	NONE				73,093				
MERIDIAN BEHAVIORAL HEALTHCARE 4300 SW 13TH ST GAINESVILLE, FL, 32608	NONE				3,029				
NORTH CENTRAL FLORIDA YMCA 5201 NW 34TH ST GAINESVILLE, FL, 32605	NONE				74,314				
PEACEFUL PATHS PO BOX 5099	NONE				80,373				

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
GAINESVILLE, FL, 32627			\$	\$	\$		
PLANNED PARENTHOOD OF NORTH CENTRAL 1240 NW 11TH AVE, SUITE B GAINESVILLE, FL, 32601	NONE			44,529			
PLEASANT PLACE 732 NW 4TH ST GAINESVILLE, FL, 32601	NONE			21,822			
SAINT FRANCIS HOUSE PO BOX 12491 GAINESVILLE, FL, 32604	NONE			54,289			
THE SALVATION ARMY PO BOX 3628 OCALA, FL, 34478	NONE			72,767			
THREE RIVERS LEGAL SERVICES 901 NW 8TH AVE SUITE D5 GAINESVILLE, FL, 32601	NONE			15,905			
VETSPACE	NONE			33,656			

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
PO BOX 452 GAINESVILLE, FL, 32602					\$	\$	\$		
THE VOLUNTEER CENTER OF N.C.F. 6031 NW 1 PL GAINESVILLE, FL, 32607	NONE				33,736				
CHILDREN'S CHARITIES OF AMERICA PO BOX 45757 SAN FRANCISCO, CA, 94145					1,633				
QUIGLEY HOUSE P.O. BOX 142 ORANGE PARK, FL, 320670142					17				
COLUMBIA COUNTY SENIOR SERVICES P.O. BOX 1772 LAKE CITY, FL, 32056					715				
FOOD FOR THE POOR INC., 550 S.W. 12TH AVENUE, DEERFIELD BEACH, FL, 33442					106				

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
UNITED WAY OF NE FLORIDA (FSECC) P.O. BOX 41428 JACKSONVILLE, FL, 322031428					\$ 46	\$	\$		
UNITED WAY OF DADE COUNTY 1 SE 3RD AVNUE MIAMI, FL, 331310790					201				
HOSPICE OF NCFL - (UNAFF.) 4200 NW 90TH BLVD., GAINESVILLE, FL, 32606					2,518				
INDIA CULTURAL & EDUCATION CTR. 2615 N.W. 21ST STREET GAINESVILLE, FL, 32605					146				
RONALD MCDONALD HOUSE OF GAINESV 1600 S.W. 14TH STREET GAINESVILLE, FL, 32608					363				
ALACHUA COUNTY SICKLE CELL FOUND 1510 W. UNIVERSITY AVENEUE					141				

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
GAINESVILLE, FL, 32601					\$	\$	\$		
UNITED WAY OF MANATEE COUNTY						87			
P.O. BOX 109									
BRANDENTON, FL, 342060109									
FLORIDA WILDLIFE CARE, INC.						54			
3400 SE 15TH STREET									
GAINESVILLE, FL, 32641									
AID TO AFRICA FEDERATION, INC.						96			
P.O. BOX 8734									
TOPEKA, KS, 66608									
AMERICAN RED CROSS (NATIONAL)						3,514			
P.O. BOX 73857									
CHICAGO, IL, 606737857									
AMERICA'S CHARITIES (CFC)						3,043			
14150 NEWBROOK DRIVE, SUITE 110									
CHANTILLY, VA, 20151									
ANIMAL CHARITIES OF AMERICA						2,982			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
P.O BOX 45756					\$	\$	\$		
SAN FRANCISCO, CA, 94145									
THE ARTS FEDERATION						1			
P.O. BOX 8627									
TOPEKA, KS, 66608									
AYUDA: HELP FOR LATIN AMERICA						777			
P.O. BOX 8039									
TOPEKA, KS, 66608									
CANCERCURE OF AMERICA						906			
21 TAMAL VISTA BLVD.									
CORTE MADERA, CA, 94925									
HEALTH FIRST - AMERICA'S CHARITIES						617			
14150 NEWBROOK DRIVE									
CHANTILLY, VA, 20151									
JEWISH CHARITIES OF AMERICA						15			
21 TAMAL VISTA BLVD.									
CORTE MADERA, CA, 94925									

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
MEDICAL RESEARCH CHARITIES					\$ 992	\$			
C/O SUNTRUST BANK									
GLEN BURNIE, MA, 21061									
ABC ADOPTION SERVICES, INC.					22				
4725 GARST MILL ROAD									
ROANOKE, VA, 24018									
AMERICA RESPONDS WITH LOVE, INC.					37				
P.O. BOX 5000									
VALLEY FORGE, PA, 194825000									
ANSWERS IN GENESIS MINISTRIES					222				
2800 BULLITTSBURG CHURCH ROAD									
PETERSBURG, KY, 41080									
BIG BROTHERS BIG SISTERS OF AMERICA					85				
230 NORTH 13TH STREET									
PHILADELPHIA, PA, 19107									
CATHOLIC CHARITIES USA					557				
1731 KING STREET									

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
ALEXANDRIA, VA, 22314			\$	\$	\$		
CONGRESSIONAL BLACK CAUCUS				22			
1720 MASSACHUSETTS AVENUE, N.W.							
WASHINGTON, DC, 20036							
MENTAL HEALTH ORGANIZATIONS OF AM.				111			
4 ROOSEVELT ROAD							
SALEM, MA, 01970							
NATIONAL LOW INCOME HOUSING COAL.				111			
727 15TH STREET NW, 6TH FLOOR							
WASHINGTON, DC, 20005							
NATIONAL PEACE CORPS ASSOCIATION				266			
1900 L STREET NW, SUITE 205							
WASHINGTON, DC, 20036							
PARKINSON'S ACTION NETWORK				55			
1025 VERMONT AVE NW, SUITE 1120							
WASHINGTON, DC, 20005							
PUSH AMERICA				111			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
2102 CAMBRIDGE BELTWAY, SUITE A CHARLOTTE, NC, 28273					\$	\$	\$		
SEEING EYE, INC., THE WASHINGTON VALLEY ROAD MORRISTOWN, NJ, 07960						22			
SIAMESE CAT RESCUE CENTER 366 MEANDER RUN ROAD LOCUST DALE, VA, 22948						22			
US ARMY WARRANT OFFICERS ASSOC. 462 HERNDON PARKWAY, SUITE 207 HERNDON, VA, 201705232						89			
TZEDAKAH-ISRAEL 10 CHESTNUT STREET SALEM, VA, 019703131						44			
FLORIDA HOSPICES & PALLIATIVE CARE 1616 D METROPOLITAN CIRCLE TALLAHASSEE, FL, 32308						136			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
	NIELSEN ORGAN TRANSPLANT FOUNDATION		\$	4	\$		
	580 W. 8TH STREET						
	JACKSONVILLE, FL, 32209						
	VISION IS PRICELESS COUNCIL, INC.			111			
	1820 BARRS STREET						
	JACKSONVILLE, FL, 32204						
	ALZHEIMER'S ASSOC. CENTRAL & NORTH			587			
	988 WOODCOCK ROAD, SUITE 200						
	ORLANDO, FL, 32803						
	AMERICAN JEWISH JOINT DISTRIBUTION			213			
	711 THIRD AVE.						
	NEW YORK, NY, 10017						
	ARCHDIOCESE FOR THE MILITARY SERV.			444			
	USA						
	WASHINGTON, DC, 200171518						
	ASIAN RELIEF, INC.			111			
	6411 IVY LANE, SUITE 204						

**Federal Statements****Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
GREENBELT, MD, 20770					\$	\$	\$		
BREAD & WATER FOR AFRICA, INC.						22			
2550 HUNTINGTON AVE, SUITE 200									
ALEXANDRIA, VA, 22303									
BURCHETTE, CONNORS, ELLINGTON, HERE						55			
C/O FBIAA									
NEW ROCHELLE, NY, 10801									
CHILDREN FIRST						920			
14150 NEW BROOK DR.									
CHANTILLY, VA, 20151									
CHRISTIAN CHARITIES USA						718			
PO BOX 45758									
SAN FRANCISCO, CA, 94145									
CHRISTIAN SERVICE CHARITIES						1,241			
C/O SUNTRUST BANK									
GLEN BURNIE, MD, 21061									
COMMUNITY HEALTH CHARITIES						2,309			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
PO BOX 75153					\$	\$	\$		
BALTIMORE, MD, 212755153									
CONSERVATION & PRESERVATION						937			
P.O. BOX 45759									
SAN FRANCISCO, CA, 94145									
DIABETES & IMMUNE DISEASE						22			
10355 SCIENCE CENTER DRIVE									
SAN DIEGO, CA, 92121									
DO UNTO OTHERS						710			
P.O. BOX 45760									
SAN FRANCISCO, CA, 94145									
EARTH SHARE FEDERATION (CFC)						1,156			
CFC CAMPAIGN CODE # 0184									
WASHINGTON, DC, 200424011									
EDUCATE AMERICA!						100			
P.O. BOX 45761									
SAN FRANCISCO, CA, 94145									

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
FOOD FOR THE POOR INC. 550 S.W. 12TH AVENUE, DEERFIELD BEACH, FL, 33442					\$ 333	\$	\$		
GLOBAL IMPACT P.O. BOX 409616 ATLANTA, GA, 303849616					2,315				
HEALTH & MEDICAL RESEARCH P.O. BOX 45763 SAN FRANCISCO, CA, 94145					807				
HISPANIC UNITED FUND PO BOX 45764 SAN FRANCISCO, CA, 94145					207				
HOSPICE OF NORTH CENTRAL FLORIDA 4200 NW 90TH BLVD. GAINESVILLE, FL, 32606					823				
HUMAN CARE CHARITIES OF AMERICA P.O. BOX 45765					888				

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
SAN FRANCISCO, CA, 94145			\$	\$	\$		
HUMAN & CIVIL RIGHTS				780			
P.O. BOX 8806							
TOPEKA, KS, 66608							
HUMAN SERVICE CHARITIES OF AMERICA				408			
C/O SUNTRUST BANK							
GLEN BURNIE, MA, 21061							
MILITARY, VETERANS & PATRIOTIC				1,030			
P.O. BOX 45766							
SAN FRANCISCO, CA, 94145							
NATIONAL BLACK UNITED FED.				303			
40 CLINTON STREET, 5TH FLOOR							
NEWARK, NJ, 07102							
NATIONAL BREAST CANCER FOUNDATION				233			
2600 NETWORK BLVD							
FRISCO, TX, 75034							
NATIONAL ENVIRONMENTAL TRUST				22			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
1200 18TH STREET NW WASHINGTON, DC, 20036					\$	\$	\$		
NATIONAL PUBLIC RADIO, INC. 635 MASSACHUSETTS AVENUE, NW WASHINGTON, DC, 20001						133			
NAVY LEAGUE FOUNDATION 2300 WILSON BLVD ARLINGTON, VA, 222013308						15			
NRA CIVIL RIGHTS DEFENSE FUND 11250 WAPLES MILL ROAD FAIRFAX, VA, 22030						222			
THE NRA FOUNDATION ATTN: JENNIFER MANDRYSA FAIRFAX, VA, 22030						111			
NATIONAL WILD TURKEY FEDERATION 770 AUGUSTA ROAD EDGEFIELD, SC, 29824						44			

**Federal Statements****Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
NHA SCHOLARSHIP FUND					\$ 300	\$			
P.O. BOX 180578									
CORONADO, CA, 92178									
POSTAL EMPLOYEE'S RELIEF FUND						677			
100 INDIANA AVE. NW									
WASHINGTON, DC, 20001									
SCLERODERMA FOUNDATION, INC.						194			
12 KENT WAY, SUITE 101									
BYFIELD, MA, 01922									
UNITED SERVICE ORGANIZATION, INC.						474			
2111 WILSON BLVD, SUITE 1200									
ARLINGTON, VA, 22201									
UNITED WAY OF AMERICA						341			
701 NORTH FAIRFAX STREET									
ALEXANDRIA, VI, 22314									
UNITED WAY OF MARION COUNTY						1,580			
PO BOX 1086									

**Federal Statements****Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
OCALA, FL, 344781086					\$	\$	\$		
UNITED WAY OF SUWANNEE VALLEY						725			
325 NE HERNANDO AVE									
LAKE CITY, FL, 32055									
VIETNAM ASSISTANCE FOR THE HANDICAP						17			
1421 DOLLEY MADISON BLVD.									
MCLEAN, VA, 22101									
WOMEN, CHILDREN & FAMILY SVC.						870			
21 TAMAL VISTA BLVD, SUITE 209									
CORTE MADERA, CA, 94925									
ALACHUA COUNTY 4-H (UWC-UNAFF.)						254			
2800 NE 39 AVE									
GAINESVILLE, FL, 32609									
ALACHUA COUNTY HUMANE SOCIETY						11,191			
2029 NW 6TH STREET									
GAINESVILLE, FL, 326073527									
AC HUMANE SOCIETY (UWC-UNAFF.)						394			

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
2029 NW 6TH STREET GAINESVILLE, FL, 32609					\$	\$	\$		
ALACHUA COUNTY LIBRARY DISTRICT FND 401 EAST UNIVERSITY AVENUE GAINESVILLE, FL, 32601						913			
ALACHUA COUNTY PUBLIC SCHOOLS FND. 1725 SE 1ST AVENUE GAINESVILLE, FL, 32641						566			
AC PUBLIC SCHOOL FND. (UWC-UNAFF) 1725 SE 1ST AVE. GAINESVILLE, FL, 32641						30			
ALACHUA HABITAT FOR HUMANITY 2317 SW 13TH STREET GAINESVILLE, FL, 32608						11,097			
AC HABITAT FOR HUMANITY (UWC-UNAFF) 2317 SW 13TH STREET GAINESVILLE, FL, 32608						389			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
ALTRUSA HOUSE P.O. BOX 142811 GAINESVILLE, FL, 326142811					\$ 262	\$	\$		
ALZHEIMER'S ASSOCIATION NCF 1831 NW 13TH STREET, SUITE # 4 GAINESVILLE, FL, 32609					362				
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, #110 CHANTILLY, VA, 20151					3,022				
ARTHRITIS FOUNDATION - NE FL BRANCH 314 PALMETTO STREET JACKSONVILLE, FL, 32205					205				
WINN DIXIE HOPE LODGE C/O AMERICAN CANCER SOCIETY GAINESVILLE, FL, 326081417					130				
AMERICAN CANCER SOCIETY, INC. 2119 SW 16TH STREET					799				

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
GAINESVILLE, FL, 326081400			\$	\$	\$		
AMERICAN CANCER SOCIETY - CLAY COUN				8			
1536 KINGSLEY AVENUE							
ORANGE PARK, FL, 32073							
AMERICAN CANCER SOCIETY - JAX				359			
1430 PRUDENTIAL DRIVE							
JACKSONVILLE, FL, 32207							
AMERICAN DIABETES ASSOC.				60			
8384 BAYMEADOWS ROAD, SUITE 10							
JACKSONVILLE, FL, 322567437							
AMERICAN HEART ASSOC. OF GAINESVILL				258			
3801 NW 40TH TERRACE #B							
GAINESVILLE, FL, 326066183							
AMERICAN RED CROSS - JAX				175			
751 RIVERSIDE AVE.							
JACKSONVILLE, FL, 32204							
ARBOR HOUSE, INC.				2,773			

**Federal Statements****Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
PO BOX 12363 GAINESVILLE, FL, 32604					\$	\$	\$		
ARC MARION, INC. 2800 SE MARICAMP ROAD OCALA, FL, 34471						42			
BOY SCOUTS OF AMERICA, NFC 521 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL, 32205						3,806			
BROTHERS KEEPER 5 SE 17TH STREET OCALA, FL, 34471						867			
CENTER FOR INDEPENDENT LIVING 222 SW 36 TERRACE GAINESVILLE, FL, 326072863						277			
CENTRAL FL COMMUNITY ACTION AGENCY P.O. BOX 1503 GAINESVILLE, FL, 32602						425			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
ARBOR HOUSE, INC. (UWC-UNAFF.)					\$ 409	\$	\$		
2618 NW 6TH STREET									
GAINESVILLE, FL, 32609									
THE CHILDREN'S TABLE					400				
P.O. BOX 186									
ARCHER, FL, 32618									
CHILDREN'S MIRACLE NETWORK					397				
SHANDS CHILDREN'S HOSPITAL									
GAINESVILLE, FL, 326100386									
CHILDREN'S MIRACLE NETWORK - DUVAL					145				
820 PRUDENTIAL DRIVE , SUITE 412									
JACKSONVILLE, FL, 32207									
CHRISTIAN FAMILY SERVICES					410				
2720 S.W. 2ND AVENUE									
GAINESVILLE, FL, 32607									
CIVIC MEDIA CENTER					331				
1021 WEST UNIVERSITY AVENUE									

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
GAINESVILLE, FL, 32601			\$	\$	\$		
	COASTAL CONSERVATION ASSOCIATION OF			23			
	3333 SOUTH ORANGE AVE.						
ORLANDO, FL, 32806							
	COMMUNITY HEALTH CHARITIES OF FLORI			34,252			
	PO BOX 1049						
CRAWFORDVILLE, FL, 32327							
	COMMUNITY HEALTH CHARITIES OF FL(CH			4,445			
	P.O. BOX 1049						
CRAWFORDVILLE, FL, 32327							
	HAMILTON COUNTY COUNCIL ON AGING			111			
	1509 SW 1ST STREET						
JASPER, FL, 32052							
	COVENANT HOUSE OF FLORIDA, INC.			132			
	ATTN: DAVID J. SPELLMAN						
FORT LAUDERDALE, FL, 33304							
	CYSTIC FIBROSIS FOUND. OF JAX			140			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
2121 CORPORATE SQUARE BLVD., #170 JACKSONVILLE, FL, 32216			\$	\$	\$		
4902 EISENHOWER BLVD,STE 115 TAMPA, FL, 33634				304			
THE DIGNITY PROJECT 1125 SE 4TH STREET GAINESVILLE, FL, 32601				87			
DISABLED AMERICAN VETERANS P.O. BOX 999 MICANOPY, FL, 32667				43			
DREAMS COME TRUE 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL, 32216				642			
EARTH SHARE DEPT. 4011 WASHINGTON, DC, 200424011				1,360			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
FIRST AMERICAN CULTURE & EDUCATION			\$ 400	\$			
19859 U.S. HWY 301 NORTH							
STARKE, FL, 32091							
FLORIDA DEFENDERS OF THE ENVIRONMEN			1,903				
4424 NW 13TH ST., SUITE C-8							
GAINESVILLE, FL, 32609							
FLORIDA 4-H CLUB FOUNDATION, INC.			1,289				
PO BOX 110225							
GAINESVILLE, FL, 326110225							
FLORIDA WILDLIFE CARE, INC.			799				
3400 SE 15TH STREET							
GAINESVILLE, FL, 32641							
FLORIDA WILDLIFE FEDERATION			978				
PO BOX 6870							
TALLAHASSEE, FL, 323146870							
FRIENDS OF THE ALACHUA COUNTY ANIMA			48				
PO BOX 90005							

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
GAINESVILLE, FL, 32607			\$	\$	\$		
GAINESVILLE AREA AIDS PROJECT				21			
PO BOX 12905							
GAINESVILLE, FL, 32604							
GAINESVILLE HARVEST			2,927				
7257 NW 4TH BLVD. PMB #114							
GAINESVILLE, FL, 32607							
GAINESVILLE PET RESCUE			6,879				
600 NW 75TH ST. SUITE C							
GAINESVILLE, FL, 32607							
GIRL SCOUTS HEART OF FLORIDA COUNCI				260			
1831 NORTH GILMORE AVENUE							
LAKELAND, FL, 33805							
GLOBAL IMPACT				1,177			
PO BOX 409616							
ATLANTA, GA, 303849616							
GOOD NEWS OUTREACH				23			

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
242 LAFAYETTE CIRCLE TALLAHASSE, FL, 323036216					\$	\$	\$		
THE GUARDIAN FOUNDATION, INC. P.O. BOX 24102 GAINESVILLE, FL, 32602						200			
HAPPY HOUSE PO BOX 1282 LAKE CITY, FL, 320561282						273			
HOSPICE OF NORTH CENTRAL FLORIDA 4200 N.W. 90 BLVD GAINESVILLE, FL, 32606						10,296			
HOSPICE OF MARION COUNTY PO BOX 4860 OCALA, FL, 344784860						229			
HUBBARD HOUSE PO BOX 4909 JACKSONVILLE, FL, 32201						542			

**Federal Statements****Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

<u>Name Address</u>	<u>Relationship to Org</u>	<u>Class of Activity</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Cash Contrib</u>	<u>NonCash Contrib</u>	<u>Book Value</u>	<u>BV Explantn</u>	<u>FMV Explantn</u>
INDEPENDENT CHARITIES OF AMERICA					\$ 3,413	\$			
21 TAMAL VISTA BLVD STE 209									
CORTE MADERA, CA, 94925									
INDIA CULTURAL & EDUCATION CENTER					581				
10609 SW 12TH TERRACE									
GAINESVILLE, FL, 32667									
INSTITUTE FOR BLACK CHARITIES					70				
8605 CAMERON STREET, SUITE M-6									
SILVER SPRINGS, MD, 20910									
INTERFAITH HOSPITALITY NETWORK					689				
PO BOX 880									
GAINESVILLE, FL, 32602									
ISKCON OF GAINESVILLE INC					156				
214 NW 14TH STREET									
GAINESVILLE, FL, 32603									
JUNIOR ACHIEVEMENT					834				
PO BOX 141284									

**Federal Statements****Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
GAINESVILLE, FL, 32614			\$	\$	\$		
LAZARUS RESTORATION MINISTRY				651			
P.O. BOX 5163							
GAINESVILLE, FL							
LUPUS FOUNDATION OF AMERICA				260			
300 SOUTH DUNCAN AVENUE, # 235							
CLEARWATER, FL, 33755							
MAKE A WISH FOUNDATION OF CENTRAL				56			
1053 NORTH ORLANDO AVENUE, STE.1							
MAITLAND, FL, 32751							
MARCH OF DIMES				1,055			
1831 N.W. 13 STREET, STE. 3							
GAINESVILLE, FL, 32605							
MARION COUNTY SENIOR SERVICES				130			
1101 SW 20TH COURT							
OCALA, FL, 344748685							
THE MARK TWAIN SCHOLARSHIP FUND				4			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
3120 NORTH A-1-A, #503-SOUTH FT. PIERCE, FL, 34949					\$	\$	\$		
NATIONAL KIDNEY FOUNDATION 1040 WOODCOCK ROAD, SUITE 119 ORLANDO, FL, 32803						113			
NATIONAL MULTIPLE SCLEROSIS SOCIETY 4237 SALISBURY ROAD, SUITE 406 JACKSONVILLE, FL, 32216						499			
NEIGHBOR TO NATIONS P.O. BOX 79991 BALTIMORE, DC, 212790991						1,450			
NEIGHBORHOOD HOUSING & DEVELOPMENT 633 NW 8TH AVENUE GAINESVILLE, FL, 32601						505			
THE NRA FOUNDATION 11250 WAPLES MILL RD. FAIRFAX, VA, 22030						357			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
	NO MORE HOMELESS PETS IN ALACHUA CO		\$	2,015	\$		
	P.O. BOX 358466						
	GAINESVILLE, FL, 32653						
	OPERATION CATNIP OF GAINESVILLE			2,516			
	PO BOX 141023						
	GAINESVILLE, FL, 326141023						
	P.A.C.E. CENTER FOR GIRLS, INC.			333			
	ONE W. ADAMS ST., SUITE 301						
	JACKSONVILLE, FL, 32202						
	PACE CENTER FOR GIRLS			58			
	112 WEST ADAMS STREET, SUITE 500						
	JACKSONVILLE, FL, 32202						
	RAILS TO TRAILS CONSERVANCY			1,603			
	2545 BLAIRSTONE PINES DRIVE						
	TALLAHASSEE, FL, 32301						
	REFUGE HOUSE OF LEON COUNTY			43			
	PO BOX 20910						

**Federal Statements****Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
TALLAHASSEE, FL, 32316			\$	\$	\$		
RONALD MCDONALD HOUSE OF GAINESVILL				768			
1600 SW 14TH STREET							
GAINESVILLE, FL, 32608							
RONALD MCDONALD HOUSE (UFCC)				6,054			
1600 SW 14 ST.							
GAINESVILLE, FL, 32608							
RONALD MCDONALD HOUSE OF JAXS				227			
824 CHILDREN'S WAY							
JACKSONVILLE, FL, 32207							
RONALD MCDONALD HOUSE OF TAMPA				11			
28 COLUMBIA DRIVE							
TAMPA, FL, 33606							
RONALD MCDONALD HOUSE-TALLAHASSEE				11			
712 EAST 7TH AVENUE							
TALLAHASSEE, FL, 32303							
SHANDS TRANSPLANT HOUSING				43			

**Federal Statements****Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
PO BOX 103560					\$	\$	\$		
GAINESVILLE, FL, 326103560									
SOUTHEASTERN GUIDE DOGS, INC.					400				
4210 77TH STREET EAST									
PALMETTO, FL, 34221									
SPECIAL OLYMPICS FLORIDA, INC.					257				
8 BROADWAY, SUITE D									
KISSIMMEE, FL, 34741									
SPECIAL OPERATIONS WARRIOR FOUNDATI					200				
PO BOX 14385									
TAMPA, FL, 33690									
STOP! CHILDREN'S CANCER					1,971				
2632 NW 43RD STREET, SUITE A108									
GAINESVILLE, FL, 32606									
THE ACTION NETWORK (UWC-UNAFF.)					100				
P.O. BOX 5246									
GAINESVILLE, FL, 32627									

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
BOY SCOUTS OF AMERICA, NFC (UNAFF.) 521 EDGEWOOD AVE. SOUTH JACKSONVILLE, FL, 32205					\$ 2,731	\$	\$		
BOYS & GIRLS CLUB - DELRAY BEACH 1451 SW 7TH STREET DELRAY BEACH, FL, 33444					108				
CATHOLIC CHARITIES - TALLAHASSEE 885 W. CAROLINA STREET TALLAHASSEE, FL, 32304					651				
CENTRAL FL COMMUNITY ACTION AGENCY 1130 NE 16TH AVE. GAINESVILLE, FL, 32601					42				
DOMESTIC ABUSE COUNCIL P.O. BOX 142 DAYTONA BEACH, FL, 32115					65				
FLORIDA COALITION AGAINST DOMESTIC 425 OFFICE PLAZA DRIVE					43				

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
TALLAHASSEE, FL, 32301			\$	\$	\$		
FRIENDS OF THE CRISIS CENTER, INC.				719			
6115 SW 137TH AVE.							
ARCHER, FL, 32618							
GAINESVILLE PET RESCUE				314			
600 NW 75TH ST. SUITE C							
GAINESVILLE, FL, 32607							
GAINESVILLE SOCCER ALLIANCE				173			
P.O. BOX 14685							
GAINESVILLE, FL, 32604							
ISKCON OF GAINESVILLE - (UNAFF.)				90			
214 NW 14TH STREET							
GAINESVILLE, FL, 32603							
LARC				21			
P.O. BOX 86							
OTTER CREEK, FL, 32683							
NEW HOPE FOR KIDS				83			

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
205 EAST SR 346 FERN PARK, FL, 32730					\$	\$	\$		
OPERATION CATNIP OF GAINESVILLE P.O. BOX 141023 GAINESVILLE, FL, 326141023						108			
ROOTERVILLE SANCTUARY INC. 9404 SW 132ND STREET ARCHER, FL, 32618						851			
SHANDS PT EMERGENCY FUND P.O. BOX 100306 GAINESVILLE, FL, 32610						1,303			
STOP! CHILDREN'S CANCER, INC. 2632 NW 43RD STREET, A-108 GAINESVILLE, FL, 32606						200			
SUSAN G. KOMEN BREAST CANCER FND. P.O. BOX 729 DAYTONA BEACH, FL, 32115						152			

**Federal Statements****Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

<u>Name Address</u>	<u>Relationship to Org</u>	<u>Class of Activity</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Cash Contrib</u>	<u>NonCash Contrib</u>	<u>Book Value</u>	<u>BV Explantn</u>	<u>FMV Explantn</u>
TEAM SURVIVOR NORTH FLORIDA 4503 SW 94TH DRIVE GAINESVILLE, FL, 32608					\$ 87	\$	\$		
UNITED NEGRO COLLEGE FUND - ORLANDO 1080 WOODCOCK ROAD, SUITE 280 ORLANDO, FL, 32714					542				
SUNSHINE FOUNDATION 5400 CR 547 N DAVENPORT, FL, 33837					69				
THURGOOD MARSHALL SCHOLARSHIP FUND 90 WILLIAM ST., SUITE 1203 NEW YORK, NY, 10038					66				
TRI-COUNTY OUTREACH PO BOX 2194 CHIEFLAND, FL, 32626					21				
TRI-COUNTY PREGNANCY CENTER P.O. BOX 743					263				

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
WILLISTON, FL, 32696			\$	\$	\$		
UNITED NEGRO COLLEGE FUND - ORLANDO				725			
1080 WOODCOCK ROAD, SUITE 280							
ORLANDO, FL, 32714							
WILDLIFE FOUNDATION OF FLORIDA				164			
P.O. BOX 11010							
TALLAHASSEE, FL, 32302							
VIVID VISIONS				111			
PO BOX 882							
LIVE OAK, FL, 32060							
WE CARE				43			
235 SW 2ND AVENUE							
GAINESVILLE, FL, 32601							
WOMEN'S RESOURCE CENTER				312			
912 NW 13TH ST.							
GAINESVILLE, FL, 32601							
YOUTH EDUCATION SCHOLARSHIP INC.				69			

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
13889 DEL WEBB BLVD SUMMERFIELD, FL, 34491					\$	\$	\$		
UNITED WAY OF THE BIG BEND 307 EAST 7TH AVENUE TALLAHASSEE, FL, 32303						65			
UNITED WAY OF BREVARD COUNTY 937 DIXON BLVD., COCOA, FL, 329226806						17			
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL, 33316						76			
UNITED WAY OF CITRUS COUNTY P.O. BOX 1379 CRYSTAL RIVER, FL, 32623						4			
UNITED WAY OF CLAY COUNTY PO BOX 41428 JACKSONVILLE, FL, 322031428						821			

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
UNITED WAY OF MIAMI-DADE (FSECC)			\$ 23	\$			
P.O. BOX 19209							
MIAMI, FL, 331019093							
UNITED WAY OF HILLSBOROUGH COUNT			663				
P.O. BOX 172249							
TAMPA, FL, 336720249							
UNITED WAY OF ESCAMBIA COUNTY			4				
1301 W. GOVERNMENT ST.							
PENSACOLA, FL, 325015314							
UNITED WAY OF MARION COUNTY			702				
PO BOX 1086							
OCALA, FL, 344781086							
UNITED WAY OF NORTHEAST FLORIDA			1,332				
P.O. BOX 31429							
TAMPA, FL, 336313429							
UNITED WAY OF PUTNAM COUNTY			354				
P.O. BOX 981							

## Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Date of Gift	Description of Property						
PALATKA, FL, 32178			\$	\$	\$		
UNITED WAY OF ST. JOHNS COUNTY				22			
PO BOX 625							
ST. AUGUSTINE, FL, 320850625							
UNITED WAY OF SUWANNEE VALLEY, INC.				651			
325 NE HERNANDO AVENUE, SUITE 102							
LAKE CITY, FL, 32055							
UNITED WAY OF VOLUSIA COUNTY				43			
3747 W.INTERNAT'L SPEEDWAY BLVD.							
DAYTONA BEACH, FL, 321241011							
BOYS & GIRLS CLUB - LAKE CITY				200			
PO BOX 1342							
LAKE CITY, FL, 32056							
FLORIDA BAPTIST CHILDREN'S HOME				43			
PO BOX 8190							
LAKELAND, FL, 33802							
GIFTS IN KIND INTERNATIONAL				44			

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
333 N. FAIRFAX STREET ALEXANDRIA, VA, 22314					\$	\$	\$		
GIRLS CLUB OF COLUMBIA COUNTY PO BOX 1687 LAKE CITY, FL, 32056						4			
RAPE CRISIS CENTER PO BOX 12187 BROOKSVILLE, FL, 34601						43			
REICHERT HOUSE 1734 SE 2ND AVENUE GAINESVILLE, FL, 32602						111			
SHRINERS HOSPITALS FOR CHILDREN 12502 N. PINE DRIVE TAMPA, FL, 33612						492			
UNITED NEGRO COLLEGE FUND 8260 WILLOW OAKS CORPORATE DRIVE FAIRFAX, VA, 220314511						690			

### Federal Statements

**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**  
**(continued)**

	Name Address	Relationship to Org	Class of Activity			BV Explantn	FMV Explantn
	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value		
TOTAL			\$ 1,721,619	\$ 0	\$ 0		

**Federal Statements**

**Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
INSURANCE	13,902	4,574	3,465	5,863
MAINTENANCE	6,368	2,010	2,805	1,553
OTHER BUILDING EXPENSE	1,318	395	343	580
AWARDS	4,425			4,425
SPECIAL EVENTS	11,015			11,015
SUCCESS BY 6	15,057	15,057		
DONATION EXPENSE	1,260	1,260		
EMERGENCY/DISASTER EXPENSE	29,848	29,848		
STATE AFFILATE	6,651		6,651	
TOTAL	<u>\$ 89,844</u>	<u>\$ 53,144</u>	<u>\$ 13,264</u>	<u>\$ 23,436</u>

**Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose**

THE UNITED WAY WAS ORGANIZED FOR THE PURPOSE OF ASSESSING THE HUMAN SERVICES NEEDS OF THE COMMUNITY AND DEVELOPING, THROUGH VOLUNTARY AND GOVERNMENTAL SUPPORT, THE FINANCIAL RESOURCES REQUIRED TO MEET THOSE NEEDS. THE UNITED WAY ALSO OPERATED AN INFORMATION AND REFERRAL PROGRAM TO DIRECT CALLERS TO APPROPRIATE AGENCIES.

**Federal Statements**

**Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK VANGUARD ASSET ALLOCATION FUND ADMIRAL SHARES	590,301	608,751	MARKET
	<u>590,301</u>	<u>608,751</u>	

**Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDING	\$ 325,316	\$	\$ 325,316	\$
OFFICE FURNITURE AND FIXTURE	217,462	219,062	244,614	235,118
DEPRECIATION EXPENSE IS COMPUTED USING THE STRAIGHT LINE METHOD OVER THE ANTICIPATED USEFUL LIVES OF THE ASSETS, WHICH RANGE FROM THREE TO THIRTY NINE YEARS. DEPRECIATION EXPENSE IS \$16,056				
LAND	136,000		136,000	
TOTAL	<u>\$ 678,778</u>	<u>\$ 219,062</u>	<u>\$ 705,930</u>	<u>\$ 235,118</u>

**Statement 8 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
MISCELLANEOUS	\$ 26,142	\$
TOTAL	<u>\$ 26,142</u>	<u>\$ 0</u>

**Federal Statements**

**Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DESIGNATIONS PAYABLE	\$ 1,039,788	\$ 1,154,447
HURRICANE LONG TERM RECOVERY	51,728	
PUBLIX EMPLOYEE EMERGENCY	15,377	
COMPENSATED ABSENCES		19,507
TOTAL	<u>\$ 1,106,893</u>	<u>\$ 1,173,954</u>

**Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key  
Employees**

Name	Address	Average Hours	Compensation	Benefits	Expenses	
City, State, Zip	Title					
KAREN BRICKLEMYER	10009 SW 44TH LANE GAINESVILLE FL 32608	PRESIDENT	40	42,500	0	0
JANE ADAMS	6031 NW 1ST PLACE GAINESVILLE FL 32608	BOARD MEMBER	1	0	0	0
RUSSELL BLACKBURN	6031 NW 1ST PLACE GAINESVILLE FL 32608	BOARD MEMBER	1	0	0	0
CYNTHIA MOORE CHESTNUT	6031 NW 1ST PLACE GAINESVILLE FL 32608	BOARD MEMBER	1	0	0	0
ROLAND DANIELS	6031 NW 1ST PLACE GAINESVILLE FL 32608	V BOARDCHAIR	1	0	0	0
BEN I DOERR, JR	6031 NW 1ST PLACE GAINESVILLE FL 32608	SEC/TREA	1	0	0	0
JAMES DOUGHTON	6031 NW 1ST PLACE GAINESVILLE FL 32608	BOARD MEMBER	1	0	0	0
EVELYN FOX	6031 NW 1ST PLACE GAINESVILLE FL 32608	BOARD MEMBER	1	0	0	0
COL EMERY GAINEY	6031 NW 1ST PLACE GAINESVILLE FL 32608	BOARD MEMBER	1	0	0	0
MICHAEL GALLAGHER	6031 NW 1ST PLACE GAINESVILLE FL 32608	BOARD MEMBER	1	0	0	0
JON GARDNER	6031 NW 1ST PLACE GAINESVILLE FL 32608	BOARD MEMBER	1	0	0	0
DENNY GIES	6031 NW 1ST PLACE GAINESVILLE FL 32608	BOARD CHAIR	1	0	0	0
LUCY GODDARD TEEL	6031 NW 1ST PLACE GAINESVILLE FL 32608	BOARD MEMBER	1	0	0	0
ERIC GODET	6031 NW 1ST PLACE GAINESVILLE FL 32608	AT LARGE	1	0	0	0
TIM GOLDFARB	6031 NW 1ST PLACE GAINESVILLE FL 32608	CAMP CHAIR	1	0	0	0
JOE S HICE JR	6031 NW 1ST PLACE GAINESVILLE FL 32608	BOARD MEMBER	1	0	0	0
SANDY HOLLINGER	6031 NW 1ST PLACE GAINESVILLE FL 32608	AG REL CHAIR	1	0	0	0

**Federal Statements****Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name	Address		Title	Average Hours	Compensation	Benefits	Expenses
	City, State, Zip						
BRIAN HUTCHISON	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0
TOM MALLINI	GAINESVILLE FL 32608	6031 NW 1ST PLACE	PAST CHAIR	1	0	0	0
HELEN MIYASAKI	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0
MELISSA JAY MURPHY	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0
ED POPPELL	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0
JOHN QUINLIVAN	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0
ELIZABETH REYES	GAINESVILLE FL 32608	6031 NW 1ST PLACE	COMM CHAIR	1	0	0	0
JEFF ROMMEL	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0
JACKSON N SASSER	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0
KIMBERLY SHAW	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0
JIM STRINGFELLOW	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0
JAMES SURRENCY	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0
ELMIRA K WARREN	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0
FREDDIE WEBBE	GAINESVILLE FL 32608	6031 NW 1ST PLACE	BOARD MEMBER	1	0	0	0