

**Return of Organization Exempt From Income Tax**

**2009**

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

**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 2009 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>
		CATAWBA COUNTY UNITED WAY INC		56-0774714
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
PO BOX 2425			828-327-6851	
City or town, state or country, and ZIP + 4		<b>G Gross receipts \$</b> 1,471,538.		
HICKORY, NC 28603		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>F Name and address of principal officer:</b> JENNIE CONNOR		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
SAME AS C ABOVE		If "No," attach a list. (see instructions)		

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

**J Website:** ▶ WWW.CCUNITEDWAY.COM

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1985 **M State of legal domicile:** NC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF CATAWBA COUNTY UNITED WAY IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO HELP</u>
	<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>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float:right">3 28</span>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">4 28</span>
	<b>5</b> Total number of employees (Part V, line 2a) <span style="float:right">5 6</span>
	<b>6</b> Total number of volunteers (estimate if necessary) <span style="float:right">6 552</span>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right">7a 0.</span>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float:right">7b 0.</span>	

<b>Revenue</b>			
	Prior Year	Current Year	
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,804,367.	1,454,339.	
<b>9</b> Program service revenue (Part VIII, line 2g)			
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,068.	14,984.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,532.	2,215.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,839,967.	1,471,538.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,504,141.	1,232,317.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	277,313.	245,524.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 123,384.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	127,528.	113,305.	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,908,982.	1,591,146.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<69,015.>	<119,608.>	

<b>Net Assets or Fund Balances</b>		
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,767,037.	2,574,653.
<b>21</b> Total liabilities (Part X, line 26)	170,098.	84,762.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,596,939.	2,489,891.

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ **JENNIE CONNOR, EXECUTIVE DIRECTOR**  
Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <b>FRANK F. WILLIAMS, CPA</b>	Date <b>05/24/10</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>MARTIN STARNES &amp; ASSOCIATES, CPAS, P.A. 730 13TH AVENUE DR SE HICKORY, NC 28602</b>	EIN ▶ _____	Phone no. ▶ <b>(828) 327-2727</b>	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE MISSION OF CATAWBA COUNTY UNITED WAY IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO HELP OTHERS BY MOBILIZING THE CARING POWER OF OUR COMMUNITY. THIS MISSION IS CARRIED OUT THROUGH THE FUNDRAISING CAMPAIGNS THAT PROVIDES FUNDING TO LOCAL IMPACT PARTNERS ON ACHIEVING

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No [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. SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 90,245. including grants of \$ 82,520. ) (Revenue \$ ) CCUW PROVIDES FUNDING TO SUPPORT THE GENERAL HEALTH IMPACT AREA THROUGH TWO NONPROFIT AGENCIES IN THE CATAWBA COUNTY AREA INCLUDING AIDS LEADERSHIP FOOTHILLS AREA ALLIANCE AND CATAWBA VALLEY CHAPTER OF THE AMERICAN RED CROSS. THE FUNDING PROVIDED TO THESE AGENCIES ALLOWED THE AGENCIES TO IMPROVE AND SUPPORT THE GENERAL HEALTH OF INDIVIDUALS BY PROVIDING TESTING TO 392 INDIVIDUALS FOR HIV OF WHICH FOUR TESTED POSITIVE. THESE FOUR INDIVIDUALS ARE NOW RECEIVING THE TREATMENT AND SUPPORT NEEDED. 161 OF THE INDIVIDUALS TESTED REQUESTED THE TEST BECAUSE OF THE 362 HIV PREVENTION PROGRAMS THAT WERE COMPLETED. OVER 700 CLASSES ON FIRST AID/CPR WERE OFFERED GIVING INDIVIDUALS THE SKILLS NEEDED IN CASE OF AN EMERGENCY.

4b (Code: ) (Expenses \$ 459,048. including grants of \$ 419,734. ) (Revenue \$ ) CCUW PROVIDES FUNDING TO SUPPORT THE CHILDREN AND YOUTH IMPACT AREA THROUGH ELEVEN NONPROFIT AGENCIES IN THE CATAWBA COUNTY AREA INCLUDING CATAWBA COUNTY COUNCIL ON ADOLESCENTS, CATAWBA VALLEY AREA GIRL SCOUTS, COMMUNITY RIDGE DAYCARE, KIDS IN NEED, PARTNERSHIP FOR CHILDREN, PIEDMONT COUNCIL OF THE BOY SCOUTS OF AMERICA, THE PARENTING NETWORK, SALVATION ARMY BOYS & GIRLS CLUB, SIPES ORCHARD HOME, SOUTHMOUNTAIN CHILDREN'S HOME, AND YMCA. THIS FUNDING ALLOWED 3,876 YOUTH TO PARTICIPATE IN PROGRAMS AIMED AT REDUCING RISKY BEHAVIORS AND IMPROVE SOCIAL BEHAVIORS. 5,647 BOYS AND GIRLS HAD THE OPPORTUNITY TO PARTICIPATE IN SCOUTING PROGRAMS INTEND TO DEVELOP SELF-ESTEEM, CONFIDENCE, AND CHARACTER. 147 CHILDREN (INCLUDING 33 SPECIAL NEEDS CHILDREN) WERE PROVIDED OPPORTUNITIES TO PARTICIPATE IN QUALITY DAY

4c (Code: ) (Expenses \$ 472,820. including grants of \$ 377,700. ) (Revenue \$ ) CCUW PROVIDES FUNDING TO SUPPORT THE EMERGENCY AND CRISIS IMPACT AREA THROUGH SEVEN NONPROFIT AGENCIES IN THE CATAWBA COUNTY AREA INCLUDING CATAWBA COUNTY VOLUNTEER CENTER, CATAWBA VALLEY CHAPTER OF THE AMERICAN RED CROSS, CRISIS RESPONSE INTERVENTION SYSTEM, EASTERN CATAWBA COOPERATIVE CHRISTIAN MINISTRY, FAMILY GUIDANCE CENTER, GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY, RAPE CRISIS CENTER, AND SALVATION ARMY. THIS FUNDING ASSISTED FAMILIES AND VICTIMS DURING THEIR TIME OF NEED BY AIDING THEM TO FIND LOCAL RESOURCES AVAILABLE TO 2,462 FAMILIES. FINANCIAL ASSISTANCE WAS OFFERED TO 183 FAMILIES AFTER HOUSE FIRES THAT PROVIDED IMMEDIATE TEMPORARY HOUSING, CLOTHING, AND OTHER BASIC NEED ITEMS LOST DUE TO THE FIRES. EDUCATION PROVIDED TO OVER 10,000 PEOPLE IN DISASTER PREPAREDNESS CLASSES TO TEACH THEM THE STEPS NECESSARY TO

4d Other program services. (Describe in Schedule O.) (Expenses \$ 385,336. including grants of \$ 459,933. ) (Revenue \$ )

4e Total program service expenses \$ 1,407,449.

**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)? <i>If "Yes," complete Schedule A</i> .....	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? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	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? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		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? <i>If "Yes," complete Schedule F, Part III</i> .....		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

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

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O.

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 2		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 6		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</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)?		X
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<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.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

Form 990 (2009)

**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.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			28
b	Enter the number of voting members that are independent		
1b			28
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
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	X	
12c		X	
13	Does the organization have a written whistleblower policy?	X	
13		X	
14	Does the organization have a written document retention and destruction policy?	X	
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	X	
15a		X	
b	Other officers or key employees of the organization	X	
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?		X
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 **NC**

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: **TAMMY DOTSON - 828-327-6851**  
**800 17TH ST NW, HICKORY, NC 28601**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RODNEY MILLER PRESIDENT	1.00	X		X			0.	0.	0.	
JOHN SMITH VICE PRESIDENT	1.00	X		X			0.	0.	0.	
DENNIS HURST TREASURER	1.00	X		X			0.	0.	0.	
TONY WOLFE PAST PRESIDENT	1.00	X		X			0.	0.	0.	
LARRY AIELLO CAMPAIGN CHAIR	1.00	X		X			0.	0.	0.	
MICK BERRY BOARD	1.00	X					0.	0.	0.	
SAMMY BURNETT BOARD	1.00	X					0.	0.	0.	
JOANIE E. GARDNER BOARD	1.00	X					0.	0.	0.	
GARRETT HINSHAW BOARD	1.00	X					0.	0.	0.	
SUSAN ALLSHOUSE BOARD	1.00	X					0.	0.	0.	
PHIL ARMSTRONG BOARD	1.00	X					0.	0.	0.	
STEPHEN ELLIS BOARD	1.00	X					0.	0.	0.	
BRIAN GEORGE BOARD	1.00	X					0.	0.	0.	
GUY GUARINO BOARD	1.00	X					0.	0.	0.	
GROVER LINEBARGER BOARD	1.00	X					0.	0.	0.	
BILL LINQUIST BOARD	1.00	X					0.	0.	0.	
TIM MARKLEY BOARD	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	(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			
MICHAEL DURHAM BOARD	1.00	X						0.	0.	0.
CLARK KINLIN BOARD	1.00	X						0.	0.	0.
MICHAEL BLACKBURN BOARD	1.00	X						0.	0.	0.
JOHN ELLER BOARD	1.00	X						0.	0.	0.
JOHN ISENHOUR BOARD	1.00	X						0.	0.	0.
JONATHAN KIRTLEY BOARD	1.00	X						0.	0.	0.
TIM LARSON BOARD	1.00	X						0.	0.	0.
JULIE PRUETT BOARD	1.00	X						0.	0.	0.
BARRY REDMOND BOARD	1.00	X						0.	0.	0.
LAYNE SMITH BOARD	1.00	X						0.	0.	0.
<b>1b Total</b>								99,000.	0.	20,199.

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
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **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 SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION



Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	55,622.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1398717.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f			1454339.			
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14,984.			14,984.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	CONSULTING INCOME	541900		2,215.	2,215.			
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			2,215.				
12	<b>Total revenue.</b> See instructions.			1471538.	2,215.	0.	14,984.	

**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 .....	1,232,317.	1,232,317.		
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 .....	119,198.	56,668.	23,112.	39,418.
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 .....	68,434.	32,533.	13,270.	22,631.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	44,483.	20,980.	10,190.	13,313.
10 Payroll taxes .....	13,409.	6,367.	2,590.	4,452.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	6,350.	3,048.	1,016.	2,286.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....				
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	7,230.	3,470.	1,157.	2,603.
17 Travel .....	3,388.	1,444.	99.	1,845.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	11,688.	5,610.	2,104.	3,974.
23 Insurance .....	4,512.	2,166.	722.	1,624.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>DUES AND LICENSES</b> .....	21,128.	10,016.	3,325.	7,787.
b <b>MISCELLANEOUS</b> .....	17,292.	15,861.	94.	1,337.
c <b>CAMPAIGN EXPENSES</b> .....	14,080.			14,080.
d <b>TELEPHONE</b> .....	11,227.	9,653.	484.	1,090.
e <b>REPAIRS/MAINTENANCE</b> .....	6,950.	3,348.	1,059.	2,543.
f All other expenses .....	9,460.	3,968.	1,091.	4,401.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,591,146.	1,407,449.	60,313.	123,384.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>			
	<b>2</b> Savings and temporary cash investments .....	1,618,945.	<b>2</b>	1,555,802.		
	<b>3</b> Pledges and grants receivable, net .....	1,093,759.	<b>3</b>	976,658.		
	<b>4</b> Accounts receivable, net .....	1,600.	<b>4</b>	1,146.		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>			
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 96,559.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 55,512.	52,733.	<b>10c</b>	41,047.	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>			
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		2,767,037.	<b>16</b>	2,574,653.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	27,336.	<b>17</b>	2,262.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	142,762.	<b>25</b>	82,500.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	170,098.	<b>26</b>	84,762.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	1,343,758.	<b>27</b>	1,255,711.		
	<b>28</b> Temporarily restricted net assets .....	1,020,953.	<b>28</b>	954,174.		
	<b>29</b> Permanently restricted net assets .....	232,228.	<b>29</b>	280,006.		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
	<b>33</b> Total net assets or fund balances .....	2,596,939.	<b>33</b>	2,489,891.		
<b>34</b> Total liabilities and net assets/fund balances .....	2,767,037.	<b>34</b>	2,574,653.			

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	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? .....	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
<b>3b</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. ....		

Form **990** (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **CATAWBA COUNTY UNITED WAY INC** Employer identification number **56-0774714**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
<b>11g(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
<b>11g(ii)</b> A family member of a person described in (i) above? .....		
<b>11g(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,512,306.	1,864,687.	1,691,447.	1,804,367.	1,454,339.	8,327,146.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,512,306.	1,864,687.	1,691,447.	1,804,367.	1,454,339.	8,327,146.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						8,327,146.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	1,512,306.	1,864,687.	1,691,447.	1,804,367.	1,454,339.	8,327,146.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,107.	73,493.	73,476.	31,068.	14,984.	235,128.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				4,532.	2,215.	6,747.
<b>11 Total support.</b> Add lines 7 through 10						8,569,021.

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

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

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

**14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 97.18 %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 15 96.87 %

**16a 33 1/3% support test - 2009.** 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

**b 33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2009.** 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

**b 10% -facts-and-circumstances test - 2008.** 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

**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

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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2008 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2009. 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 - 2008. 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

**2009**

**Name of the organization**

**Employer identification number**

CATAWBA COUNTY UNITED WAY INC

56-0774714

**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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)



Name of organization <b>CATAWBA COUNTY UNITED WAY INC</b>	Employer identification number <b>56-0774714</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ <u>107,453.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ <u>89,614.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ <u>87,888.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ <u>69,528.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ <u>57,337.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px; margin-bottom: 5px;"></div> <div style="background-color:black; width:100%; height:15px;"></div>	\$ <u>54,093.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>CATAWBA COUNTY UNITED WAY INC</b>	Employer identification number <b>56-0774714</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 270px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 210px; height: 15px;"></div>	\$ 49,195.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<div style="background-color: black; width: 350px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 340px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 210px; height: 15px;"></div>	\$ 42,921.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<div style="background-color: black; width: 270px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 220px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 210px; height: 15px;"></div>	\$ 39,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<div style="background-color: black; width: 290px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 210px; height: 15px;"></div>	\$ 37,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<div style="background-color: black; width: 380px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 210px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 210px; height: 15px;"></div>	\$ 35,270.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<div style="background-color: black; width: 110px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 130px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 210px; height: 15px;"></div>	\$ 28,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>CATAWBA COUNTY UNITED WAY INC</b>	Employer identification number <b>56-0774714</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 26,578.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 26,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 21,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 17,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

2009

Open to Public Inspection

Name of the organization

CATAWBA COUNTY UNITED WAY INC

Employer identification number

56-0774714

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, and value, and two questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and several numbered questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a-2b regarding reporting and amounts.

**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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 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	232,228.	222,228.			
b Contributions	47,778.	10,000.			
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	280,006.	232,228.			

- 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - 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				
b Buildings				
c Leasehold improvements				
d Equipment		96,559.	55,512.	41,047.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				41,047.



**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	1,471,538.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,591,146.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<119,608.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	12,560.
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	12,560.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<107,048.>

**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	1,484,098.
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	12,560.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	12,560.
3	Subtract line 2e from line 1	3	1,471,538.
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	1,471,538.

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

1	Total expenses and losses per audited financial statements	1	1,591,146.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,591,146.
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	1,591,146.

**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.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**CATAWBA COUNTY UNITED WAY INC**

Employer identification number

**56-0774714**

**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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SEE ATTACHED			0.	0.			

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶
- 3** Enter total number of other organizations ..... ▶

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

Schedule I (Form 990) 2009



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

**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 J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization

CATAWBA COUNTY UNITED WAY INC

Employer Identification number  
56-0774714

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETE SPULLER BOARD	1.00	X						0.	0.	0.
JENNIE CONNOR EXECUTIVE DIRECTOR	40.00			X				54,000.	0.	10,770.
TAMMY DOTSON DIRECTOR, FINANCE/ADMINI	40.00			X				45,000.	0.	9,429.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

CATAWBA COUNTY UNITED WAY INC

Employer identification number

56-0774714

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

OTHERS BY MOBILIZING THE CARING POWER OF OUR COMMUNITY. THIS MISSION IS CARRIED OUT THROUGH THE FUNDRAISING CAMPAIGNS THAT PROVIDES FUNDING TO LOCAL IMPACT PARTNERS ON ACHIEVING OUTCOMES IN THE FOUR SPECIFIC AREAS DETERMINED TO BE ESSENTIAL IN IMPROVING PEOPLES LIVES AND STRENGTHENING OUR COMMUNITY: 1) CHILDREN AND YOUTH, 2) GENERAL HEALTH, 3) INDEPENDENT LIVING, 4) EMERGENCY AND CRISIS.

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

OUTCOMES IN THE FOUR SPECIFIC AREAS DETERMINED TO BE ESSENTIAL IN IMPROVING PEOPLES LIVES AND STRENGTHENING OUR COMMUNITY: 1) CHILDREN AND YOUTH, 2) GENERAL HEALTH, 3) INDEPENDENT LIVING, 4) EMERGENCY AND CRISIS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

CARE PROGRAMS AND ENABLED THEIR PARENTS TO WORK WITHOUT WORRYING IF THEIR CHILDREN WERE SAFE. 111 KIDS WERE PROVIDED OPPORTUNITIES TO HAVE DENTAL OR MEDICAL NEEDS MET THAT RESULTED IN HEALTHY SMILES, ABSENCE OF DENTAL PAIN, THE ABILITY TO SEE THE TEACHER AND THE BOARD AT THE FRONT OF THE CLASSROOM, AND INCREASE LEARNING ABILITY. 963 SCHOOL-AGED CHILDREN WERE GIVEN THE OPPORTUNITY TO PARTICIPATE IN AFTER-SCHOOL AND SUMMER PROGRAMS AGAIN GIVING THE PARENTS PEACE OF MIND THAT THEIR CHILDREN WERE BEING CARED FOR IN A SAFE AND NURTURING ENVIRONMENT. 1,478 PARENTS WERE EDUCATED IN GOOD PARENTING SKILLS, WHICH IN GENERAL NURTURE CHILDREN TO BECOME ADULTS THAT ARE MORE PRODUCTIVE. 297

CHILDREN BETWEEN THE AGES OF 2 AND 12 WERE PROVIDED BEFORE AND AFTER

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

CATAWBA COUNTY UNITED WAY INC

Employer identification number

56-0774714

SCHOOL, PRESCHOOL, AND SUMMER CAMP OPPORTUNITIES THAT RESULTED IN  
IMPROVED PHYSICAL STAMINA, ENHANCEMENT OF CREATIVE EXPRESSION, AND  
DEVELOPMENT OF RESPECT AND TEAM BUILDING SKILLS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

SURVIVE AND PROTECT THEIR FAMILIES IN A DISASTER SITUATION. CRISIS  
FINANCIAL ASSISTANCE PROVIDED TO OVER 2,000 FAMILIES FOR UTILITIES,  
RENT, OR HEATING FUEL IN AN EFFORT TO KEEP FAMILIES INTACT AND IN THEIR  
HOMES. PROVIDED SUPPORT TO 1,948 VICTIMS OF DOMESTIC VIOLENCE  
INCLUDING A SAFE PLACE TO STAY AS WELL AS COUNSELING AND ADVOCACY  
SERVICES. THIS SUPPORT RESULTED IN A DECREASE IN FEELINGS OF ISOLATION  
AND VICTIMS WERE ABLE TO MOVE INTO A VIOLENCE-FREE HOME. ADVOCACY AND  
COUNSELING SERVICES TO 458 VICTIMS OF SEXUAL ASSAULT RESULTING IN  
VICTIMS HAVING AN ADVOCATE WITH THEM DURING MEDICAL AND COURT  
PROCEDURES GIVING THEM THE COURAGE THEY NEED TO RECOVER FROM THEIR  
ASSAULT. SHELTER AND MEALS PROVIDED FOR 793 HOMELESS INDIVIDUALS  
OFFERING THEM A SAFE PLACE TO SLEEP ON COLD AND RAINY NIGHTS.

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

CCUW PROVIDES FUNDING TO SUPPORT THE INDEPENDENT LIVING IMPACT AREA  
THROUGH FOUR NONPROFIT AGENCIES IN THE CATAWBA COUNTY AREA INCLUDING  
ADULT LIFE PROGRAMS, EXODUS HOMES, FAMILY GUIDANCE CENTER, AND FLYNN  
FELLOWSHIP HOMES. THIS FUNDING HAS PROVIDED FUNDING FOR 280  
INDIVIDUALS WHO NEEDED ASSISTANCE WITH ADULT DAY CARE. THIS ALLOWED  
THEIR CAREGIVERS A SAFE PLACE FOR THEIR LOVED-ONES TO STAY WHILE THEY  
WERE AT WORK RESULTING IN THE INDIVIDUAL BEING ABLE TO STAY AT HOME AND

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NOT BE INSTITUTIONALIZED. 230 HOMELESS RECOVERING ADDICTS, ALCOHOLICS,  
AND FORMERLY INCARCERATED INDIVIDUALS WERE PROVIDED A SAFE PLACE TO  
STAY THROUGH TRANSITIONAL HOUSING PROGRAMS. 2,908 COUNSELING SESSIONS  
WERE PROVIDED FOR INDIVIDUAL & FAMILY COUNSELING OR CREDIT COUNSELING  
SERVICES. THESE SERVICES ENABLED FAMILIES TO REDUCE THEIR DEBT AND  
PREVENT FORECLOSURES. INDIVIDUALS ALSO REPORTED INCREASED STABILITY  
AND IMPROVED FAMILY RELATIONSHIPS DUE TO THESE SERVICES.  
EXPENSES \$ 385336. INCLUDING GRANTS OF \$ 352363. REVENUE \$ 0.

DURING THE UNITED WAY CAMPAIGN, SOME DONORS CHOOSE TO DIRECTLY  
DESIGNATE SOME PORTION OF THEIR GIFT TO A UNITED WAY IN ANOTHER  
COMMUNITY. DESIGNATED GIFTS ARE PAID QUARTERLY TO OTHER UNITED WAYS  
BASED ON ACTUAL DOLLARS RECEIVED. ONLY UNITED WAYS THAT CHARGE A  
PROCESSING FEE TO CATAWBA COUNTY UNITED WAY ARE CHARGED SUBJECT TO A  
MODEST FEE TO HELP COVER THE COSTS OF PROCESSING THE DESIGNATIONS.  
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 107570. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE COMPLETE IRS FORM 990 IS FIRST  
PRESENTED TO AND REVIEWED WITH THE FINANCE AND EXECUTIVE COMMITTEE. THE  
990 IS THEN PRESENTED TO THE FULL BOARD FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANY ACTUAL OR POTENTIAL CONFLICT  
OF INTEREST MUST BE DISCLOSED AS SOON AS MEMBER IS AWARE OF CONFLICT. THE  
MEMBER WILL RETIRE FROM ALL DELIBERATION AND NOT PARTICIPATE IN VOTING WITH  
THE MATTER. EACH BOARD MEMBER ANNUALLY REVIEWS THE CODE OF VALUES AND  
ETHICS AND DISCLOSES IN WRITING ANY CONFLICTS OF INTEREST OF WHICH THEY ARE

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Schedule O (Form 990) 2009

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AWARE.

FORM 990, PART VI, SECTION B, LINE 15: THE SALARY FOR ALL STAFF MEMBERS,  
INCLUDING THE EXECUTIVE DIRECTOR AND FINANCE OFFICER, ARE REVIEWED AND  
APPROVED ANNUALLY BY THE BOARD OF DIRECTORS. COMPENSATION IS REVIEWED  
USING COMPARABLE SALARY DATA FROM UNITED WAY WORLDWIDE, COMPARING SALARIES  
OF OTHER METRO 4 (SIZE)UNITED WAYS, NATIONALLY AND REGIONALLY.

FORM 990, PART VI, SECTION C, LINE 19: THE IRS FORM 990 IS POSTED ON OUR  
WEBSITE FOR PUBLIC INSPECTION. THIS FORM, ALONG WITH OUR AUDITED FINANCIAL  
STATEMENTS, COPIES OF OTHER GOVERNING DOCUMENTS, AND OUR CONFLICT OF  
INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR  
YEAR.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>CATAWBA COUNTY UNITED WAY INC</b>	Employer identification number <b>56-0774714</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 2425</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HICKORY, NC 28603</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**TAMMY DOTSON**

- The books are in the care of ▶ **800 17TH ST NW - HICKORY, NC 28601**  
Telephone No. ▶ **828-327-6851** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2009** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Schedule I - 2009  
(Form 990)**

Adult Life Programs Post Office Box 807 Hickory, NC 28603	58-1509463	501 (C) 3	\$49,280.00	Adult day care and adult day health services for individuals in Catawba County
AIDS Leadership – Foothills area Alliance 1120 Fairgrove Church Road SE, #28 Hickory, NC 28602	58-1842529	501 (C) 3	\$40,920.00	Community Outreach Program
Boy Scouts America, Piedmont Council P.O. Box 1059 Gastonia, NC 28053	56-0529991	501 (C) 3	\$63,360.00	Scouting programs for area boys
Community Ridge Day Care P.O. Box 1322 Hickory, NC 28603	58-1313038	501 (C) 3	\$31,240.00	Childcare
Catawba County Council on Adolescents 1120 Fairgrove Church Road SE, #22 Hickory, NC 28602	56-1495483	501 (C) 3	\$44,000.00	In-School Prevention, outreach, & lifeskills programs
C.R.I.S. Post Office Box 31 Newton, NC 28658	56-2093892	501 (C) 3	\$3,520.00	To maintain the centralized database used to track information related to those people in our community receiving assistance from various agencies and prevent duplication of services
Eastern Catawba Cooperative Christian Ministry Post Office Box 31 Newton, NC 28658	56-0946753	501 (C) 3	\$28,500.00	Crisis Assistance
Exodus Homes Post Office Box 3311 Hickory, NC 28603	56-2109492	501 (C) 3	\$47,080.00	Crisis Stabilization, Family Preservation/Reunification, Resident Transportation, Support for Unemployed Residents, and Mentoring Youth at High Risk programs



**Schedule I - 2009  
(Form 990)**

Family Guidance Center 17 Highway 70 SE Hickory, NC 28602	56-6020417	501 (C) 3	\$408,040.00	First Step Domestic Violence, Consumer Credit & Individual/Family Counseling
Flynn Christian Home of Hickory Post Office Box 3567 Hickory, NC 28603	56-1127490	501 (C) 3	\$8,360.00	General program costs
Greater Hickory Cooperative Christian Ministry 31 1 <sup>st</sup> Avenue SE Hickory, NC 28602	56-0934855	501 (C) 3	\$7,125.00	Client assistance
Girl Scouts of the Catawba Valley Area 530 4 <sup>th</sup> Street SW Hickory, NC 28602	56-0529942	501 (C) 3	\$50,864.00	Various scouting activities & programs
Kids In Need Fund 3070 11 <sup>th</sup> Avenue Drive SE Hickory, NC 28602	56-6001814	501 (C) 3	\$9,500.00	Provide dental and medical services for school children that are unmet due to lack of financial resources
Catawba County Parenting Network 1005 1 <sup>st</sup> Avenue South Conover, NC 28613	56-6001003	501 (C) 3	\$8,360.00	Pay stipends for program instructors and childcare workers, provide meals for families attending, and purchase instructional materials for program participants
Catawba County Partnership for Children Post Office Box 3123 Hickory, NC 28603	58-2139195	501 (C) 3	\$51,920.00	Provide quality day care for special needs children
Rape Crisis Center of Catawba County 848 Highland Avenue NE Hickory, NC 28601	58-1680785	501 (C) 3	\$35,200.00	Victim Advocate's program
Catawba Valley Chapter, American Red Cross Post Office Box 1329 Hickory, NC 28603	56-6000033	501 (C) 3	\$109,120.00	Emergency services, community services, & community education classes

**Schedule I - 2009  
(Form 990)**

The Salvation Army P.O. Box 1167 Hickory, NC 28603	13-5562351	501 (C) 3	\$66,795.00	Crisis assistance and homeless shelter
The Salvation Army Boys & Girls Club P.O. Box 1167 Hickory, NC 28603	13-5562351	501 (C) 3	\$66,000.00	after-school & summer programs
Sipe's Orchard Home 4431 County Home Road Conover, NC 28613	56-0547524	501 (C) 3	\$31,680.00	Tyndall Day Treatment program & Tyndall-Odom Pre-school and After School Program
Southmountain Children & Family Services 7330 Myrtle Drive Nebo, NC 28761	56-0672457	501 (C) 3	\$10,560.00	Residential Treatment and Therapeutic Foster Care
YMCA of Catawba Valley, Inc. 1375 Lenoir Rhyne Blvd SE- Ste 202 Hickory, NC 28602	56-0928743	501 (C) 3	\$49,500.00	Love-n-Care Daycare program
Burke County United Way 301 East Meeting Street Morganton, NC 28655-3577	56-0929553	501 (C) 3	5,936.65	Donor designations
High County United Way PO Box 247 Boone, NC 28607-0247	56-1218079	501 (C) 3	442.94	Donor designations
Rowan County United Way PO Box 5065 Salisbury, NC 28147	56-0642828	501 (C) 3	1,719.25	Donor designations
Twin County United Way PO Box 300 Galax, VA 24333	23-7428606	501 (C) 3	343.62	Donor designations
United Way of Alamance County PO Box 1268 Burlington, NC 27216-1268	56-0599239	501 (C) 3	720.00	Donor designations

**Schedule I - 2009  
(Form 990)**

United Way of Alexander County PO Box 232 Taylorsville, NC 28681-0232	23-7167537	501 (C) 3	16,662.29	Donor designations
United Way of Asheville-Buncombe 50 South French Broad Avenue Asheville, NC 28801-3271	56-0576157	501 (C) 3	7,026.87	Donor designations
United Way of Caldwell County PO Box 1316 Lenoir, NC 28645-1316	56-6067038	501 (C) 3	26,889.48	Donor designations
United Way of Central Carolinas PO Box 601942 Charlotte, NC 28260-1942	56-0529948	501 (C) 3	15,640.77	Donor designations
United Way of Cumberland County PO Box 303 Fayetteville, NC 28302-0303	56-0564342	501 (C) 3	37.72	Donor designations
United Way of Forsyth County 301 North Main Street-Suite 1700 Winston-Salem, NC 27101	23-7357234	501 (C) 3	1,422.44	Donor designations
United Way of Gaston County PO Box 2597 Gastonia, NC 28053-2597	56-0653356	501 (C) 3	15,718.70	Donor designations
United Way of Gibson County PO Box 235 Princeton, IN 47670-0235	35-1418618	501 (C) 3	73.69	Donor designations
United Way of Greater Greensboro PO Box 14998 Greensboro, NC 27415-4998	56-0668555	501 (C) 3	74.64	Donor designations
United Way of Greenville County 105 Edinburgh Court Greenville, SC 29607-2529	57-0362066	501 (C) 3	240.52	Donor designations
United Way of Haywood County PO Box 1139 Waynesville, NC 28786	23-7112548	501 (C) 3	201.54	Donor designations

**Schedule I - 2009  
(Form 990)**

United Way of Henderson County PO Box 487 Hendersonville, NC 28793-0487	56-0890133	501 (C) 3	794.29	Donor designations
United Way of Illinois, Inc. % United Way of Metropolitan Chicago 560 West Lake Street Chicago, IL 60661	36-2962458	501 (C) 3	593.36	Donor designations
United Way of Iredell County 1835 Davie Avenue - Ste 401 Statesville, NC 28677-3578	56-0792674	501 (C) 3	7,236.40	Donor designations
United Way of Lincoln County PO Box 234 Lincolnton, NC 28093-0234	23-7125926	501 (C) 3	14,491.47	Donor designations
United Way of Montgomery, Radford & Floyd PO Box 6202 Christiansburg, VA 24068-6202	54-0739250	501 (C) 3	240.52	Donor designations
United Way of Oconee County 409 E North 1st Street - Ste A Seneca, SC 29678-2768	57-0479292	501 (C) 3	646.87	Donor designations
United Way of Rutherford County PO Box 823 Spindale, NC 28160	56-1030597	501 (C) 3	1,356.52	Donor designations
United Way of Southern Tier 300 Nasser Civic Ctr Plaza-Ste 220 Corning, NY 14830-2832	16-1451041	501 (C) 3	957.32	Donor designations
United Way of Stanly County PO Box 1178 Albemarle, NC 28002	56-0841588	501 (C) 3	503.84	Donor designations
United Way of Transylvania County PO Box 53 Brevard, NC 28712-0053	23-7145022	501 (C) 3	633.33	Donor designations

**Schedule I - 2009**  
**(Form 990)**

United Way of Wilkes County 910 C Street North Wilkesboro, NC 28659-4145	56-0942846	501 (C) 3	5,803.79	Donor designations
United Way of York County PO Box 925 Rock Hill, SC 29731	57-0360058	501 (C) 3	42.58	Donor designations