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# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047  
**2008**  
Open to Public Inspection

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

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C</b> Name of organization <b>UNITED WAY OF ALAMANCE COUNTY, INC.</b>		<b>D</b> Employer identification number <b>56-0599239</b>
		Doing Business As		<b>E</b> Telephone number <b>336-438-2000</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>PO BOX 1268</b>		
		City or town, state or country, and ZIP + 4 <b>BURLINGTON, NC 27216-1268</b>		<b>G</b> Gross receipts \$ <b>1830818.</b>
<b>F</b> Name and address of principal officer: <b>CINDY BRADY</b> <b>SAME AS C ABOVE</b>				<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ►
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ► <b>UWALAMANCE.ORG</b>				
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				<b>L</b> Year of formation <b>1953</b> <b>M</b> State of legal domicile <b>NC</b>

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT.</b>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>46</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>42</b>
	5 Total number of employees (Part V, line 2a)	<b>6</b>
	6 Total number of volunteers (estimate if necessary)	<b>1484</b>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>0.</b>
b Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>1521049.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>1477656.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>&lt;76037.&gt;</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>&lt;63194.&gt;</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>38843.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>65246.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>1483855.</b>
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1479708.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>749209.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>175481.</b>	<b>539234.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>229459.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>275646.</b>
	19 Revenue less expenses. Subtract line 18 from line 12	<b>576834.</b>
	20 Total assets (Part X, line 16)	<b>572802.</b>
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	<b>572802.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>1555502.</b>
		<b>&lt;71647.&gt;</b>
Beginning of Year		End of Year
<b>2224464.</b>		<b>2056028.</b>
<b>656807.</b>		<b>515636.</b>
<b>1567657.</b>		<b>1540392.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer <i>Cindy Brady</i>	Date <b>1/28/10</b>
	Type or print name and title <b>CINDY BRADY, PRESIDENT</b>	
Paid Preparer's Use Only	Preparer's signature <i>Andrew Johnson</i>	Date <b>JAN 19 2010</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>APPLE, BELL, JOHNSON &amp; CO., PA P. O. DRAWER 2858 BURLINGTON, NC 27216-2858</b>	
Check if self-employed <input type="checkbox"/>		Preparer's identifying number (see instructions) <b>5155</b>
EIN ► <b>56-0599239</b>		Phone no ► <b>(336) 227-2022</b>

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

SCANNED FEB 16 2010

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

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

4a (Code: ) (Expenses \$ 941028. including grants of \$ ) (Revenue \$ )  
 UNITED WAY PROVIDED GRANT FUNDS TO FURNISH SERVICES TO OVER 24,000  
 ALAMANCE COUNTY RESIDENTS. ACHIEVEMENTS INCLUDE:  
 . AN AVERAGE END-OF-YEAR PASSING RATE OF 87% FOR 2 AFTER SCHOOL  
 PROGRAMS  
 . 91% OF SENIORS WHO RECEIVED SENIOR CARE SERVICES AND HOME DELIVERED  
 MEALS ARE LIVING INDEPENDENTLY  
 . 1589 SENIORS WERE ASSISTED WITH MEDICATION PURCHASES  
 . 68% OF DOMESTIC VIOLENCE VICTIMS HOUSED AT THE BATTERED WOMEN'S  
 SHELTER MOVED TO A SAFE ENVIRONMENT  
 . 34 FAMILIES MOVED FROM SUBSTANDARD TO AFFORDABLE PERMANENT HOMES  
 . PROVIDED INFORMATION AND REFERRAL SERVICES TO OVER 400 CITIZENS  
 THROUGH 2-1-1 PROGRAM

4b (Code: ) (Expenses \$ 88658. including grants of \$ ) (Revenue \$ )  
 COMMUNITY SERVICES - UNITED WAY LEADS THE PROCESS FOR IDENTIFYING HUMAN  
 SERVICE NEEDS IN ALAMANCE COUNTY AND DEPLOYS FINANCIAL SUPPORT TO  
 ADDRESS THOSE NEEDS. UNITED WAY ALSO COORDINATES THE 2-1-1 CALL SYSTEM  
 TO PROVIDE INFORMATION AND REFERRAL TO COMMUNITY RESIDENTS.

4c (Code: ) (Expenses \$ 12033. including grants of \$ ) (Revenue \$ )  
 GRANT EXPENDITURES - UNITED WAY ADMINISTERS GRANTS TO FACILITATE TWO  
 PROJECTS IN ALAMANCE COUNTY: THE NON-PROFIT RESOURCE CENTER IN  
 ALAMANCE COUNTY AND THE FAMILY JUSTICE CENTER.

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1041719. (Must equal Part IX, Line 25, column (B))

**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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a <b>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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b> X	
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b> 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>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	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>	<b>32</b>	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>	<b>33</b>	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>	<b>34</b>	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>	<b>35</b>	X
<b>36</b> <b>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>	<b>36</b>	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>	<b>37</b>	X

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**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	9	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	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>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	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>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<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>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>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<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>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<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>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<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>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders		
<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>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body		
<b>1b</b> Enter the number of voting members that are independent		
<b>2</b> 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	
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b> Is there any officer, director or 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**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers or key employees of the organization?		X
Describe the process in Schedule O. (see instructions)		
<b>16a</b> 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
<b>b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**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: **CINDY BRADY - 336-438-2000**  
**803 HERMITAGE ROAD, BURLINGTON, NC 27215**

**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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(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			
MATT ADAMS DIRECTOR	0.00	X						0.	0.	0.
MILELE ARCHIBALD DIRECTOR	0.00	X						0.	0.	0.
LUMMY BARNES DIRECTOR	0.00	X						0.	0.	0.
JOHN BESCHEL DIRECTOR	0.00	X						0.	0.	0.
EDDIE BOSWELL DIRECTOR	0.00	X						0.	0.	0.
RANDY BRIDGES DIRECTOR	0.00	X						0.	0.	0.
JIM BUTLER DIRECTOR	0.00	X						0.	0.	0.
KIM BUTLER DIRECTOR	0.00	X						0.	0.	0.
CHRIS CLEMMONS ASST SECRETARY/CAMPAIGN	0.00	X		X				0.	0.	0.
ELIZABETH COBLE DIRECTOR	0.00	X						0.	0.	0.
JASON COPELAND SECRETARY	0.00	X		X				0.	0.	0.
LARRY COVINGTON DIRECTOR	0.00	X						0.	0.	0.
RUSTY COX DIRECTOR	0.00	X						0.	0.	0.
JOHN CURRIN DIRECTOR	0.00	X						0.	0.	0.
PAM DUFFY COMMUNITY IMPACT VICE CH	0.00	X		X				0.	0.	0.
LINDA ELLINGTON DIRECTOR	0.00	X						0.	0.	0.
SUZAN EVANS DIRECTOR	0.00	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			
SUSAN EZEKIEL TREASURER	0.00	X		X				0.	0.	0.
CELO FAUCETTE DIRECTOR	0.00	X						0.	0.	0.
JANYTH FREDRICKSON DIRECTOR	0.00	X						0.	0.	0.
BILL GOMORY DIRECTOR	0.00	X						0.	0.	0.
DARYL INGOLD DIRECTOR	0.00	X						0.	0.	0.
LEE ISLEY DIRECTOR	0.00	X						0.	0.	0.
DON JENNINGS DIRECTOR	0.00	X						0.	0.	0.
BOB KERNODLE DIRECTOR	0.00	X						0.	0.	0.
MITCH KING DIRECTOR	0.00	X						0.	0.	0.
MICKEY KLUTTZ DIRECTOR	0.00	X						0.	0.	0.
<b>1b Total</b>								81227.	0.	0.

2 Total number of individuals (including those in 1a) 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 those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1477656.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		700.				
	<b>h Total.</b> Add lines 1a-1f			1477656.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			14677.			14677.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> MANAGEMENT FEES			49138.	49138.			
<b>b</b> OTHER RECEIPTS			24521.	24521.			
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			73659.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1479708.	<4212.>	0.	6264.	

**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	539234.	539234.		
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	96237.	19921.	37051.	39265.
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	120585.	24961.	46426.	49198.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7763.	1607.	2989.	3167.
9 Other employee benefits	34678.	7178.	13351.	14149.
10 Payroll taxes	16383.	3320.	6520.	6543.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17725.	3669.	6824.	7232.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	16035.	3319.	6174.	6542.
12 Advertising and promotion				
13 Office expenses	4264.	881.	1642.	1741.
14 Information technology	12802.	2650.	4929.	5223.
15 Royalties				
16 Occupancy	15630.	3236.	6017.	6377.
17 Travel	1775.	352.	729.	694.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17500.	2334.	10335.	4831.
20 Interest				
21 Payments to affiliates	17185.	3557.	6616.	7012.
22 Depreciation, depletion, and amortization	9259.	1916.	3565.	3778.
23 Insurance	2860.	205.	2251.	404.
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 DESIGNATIONS	413827.	413827.		
b FACILITIES	10391.	3817.	3192.	3382.
c POSTAGE	7525.	1558.	2897.	3070.
d MARKETING	7208.	1492.	2775.	2941.
e REPAIRS AND MAINTENANCE	5433.	1152.	2010.	2271.
f All other expenses	13383.	1533.	4189.	7661.
25 Total functional expenses. Add lines 1 through 24f	1387682.	1041719.	170482.	175481.
26 Joint Costs. 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>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	909416.	2	846514.
	3 Pledges and grants receivable, net	594406.	3	474834.
	4 Accounts receivable, net	680.	4	1612.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net	133538.	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	0.	9	5120.
	10a Land, buildings, and equipment: cost basis	10a 311578.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 155936.		
		387341.	10c	155642.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	3677.	12	
	13 Investments - program-related. See Part IV, line 11		13	426866.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	195406.	15	145440.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2224464.	16	2056028.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	303848.	17	255344.
	18 Grants payable		18	
	19 Deferred revenue	16875.	19	14627.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	336084.	25	245665.
	26 <b>Total liabilities.</b> Add lines 17 through 25	656807.	26	515636.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets		852635.	27	955336.
28 Temporarily restricted net assets		519616.	28	439616.
29 Permanently restricted net assets		195406.	29	145440.
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		1567657.	33	1540392.
34 <b>Total liabilities and net assets/fund balances</b>		2224464.	34	2056028.

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

OMB No 1545-0047

**Open to Public Inspection**

56-0599239

1 ☐ A church, convention, conference, 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)**. (Attach Schedule H)

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 the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)

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?

(i) 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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2008

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1225622.	1135146.	1555365.	1521049.	1477656.	6914838.
<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 - 3	1225622.	1135146.	1555365.	1521049.	1477656.	6914838.
<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						6914838.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	1225622.	1135146.	1555365.	1521049.	1477656.	6914838.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3621.	11480.	17459.	13515.	14677.	60752.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	<1211.>	<4375.>	<3248.>	<5007.>		<13841.>
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	13024.	10642.	44029.	46262.	73659.	187616.
<b>11 Total support.</b> Add lines 7 through 10						7149365.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	96.72	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	97.98	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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 D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____



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

3 Using the organization's 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 d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Trust, 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
1c	
1d	
1e	
1f	

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

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 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	0.				
b Contributions	404518.				
c Investment earnings or losses	24215.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1867.				
g End of year balance	426866.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► 100.00 %  
 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:

- (i) unrelated organizations  
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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) Depreciation	(d) Book value
1a Land				
b Buildings		134128.	36282.	97846.
c Leasehold improvements				
d Equipment				
e Other		177450.	119654.	57796.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				155642.

Schedule D (Form 990) 2008



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1479708.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1387682.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	92026.
4	Net unrealized gains (losses) on investments	4	<30257.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<23031.>
8	Other (Describe in Part XIV)	8	<66003.>
9	Total adjustments (net). Add lines 4-8	9	<119291.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<27265.>

**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	969621.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<30257.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<30257.>
3	Subtract line 2e from line 1	3	999878.
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	479830.
c	Add lines 4a and 4b	4c	479830.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1479708.

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

1	Total expenses and losses per audited financial statements	1	973855.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	973855.
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	413827.
c	Add lines 4a and 4b	4c	413827.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1387682.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART V, LINE 4: TO ADVANCE THE FINANCIAL STABILITY OF UNITED WAY OF**

**ALAMANCE COUNTY AND TO ALLOW FOR FUNDS RAISED OUTSIDE OF THE ENDOWMENT TO**

**GO TOWARDS ADDRESSING HUMAN SERVICE NEEDS. THE FUND IS A PERMANENT**

**INVESTMENT THAT WILL PROVIDE ANNUAL DISTRIBUTIONS TO THE ORGANIZATION FOR**

**THE OPERATING FUND OR PRESSING COMMUNITY NEEDS. IT IS THE INTENT OF THE**

**UW TO PRESERVE AS MUCH OF THE PRINCIPAL OF THE FUND AS POSSIBLE WHILE**

**MAINTAINING THE FLEXIBILITY OF THE UW TO UTILIZE THE PRINCIPAL IN**

**EXTRAORDINARY SITUATIONS IN ORDER TO FULFILL ITS MISSION.**

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

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**Employer identification number**  
56-0599239

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 OYSTER ROASTHOUSE (event type)	(b) Event #2 HABITAT (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts	33450.	17493.	13032.	63975.
2 Less: Charitable contributions				
3 Gross revenue (line 1 minus line 2)	33450.	17493.	13032.	63975.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	13478.	30026.	28884.	72388.
8 Direct expense summary. Add lines 4 through 7 in column (d)				72388.
9 Net income summary. Combine lines 3 and 8 in column (d)				<8413.>

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

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

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility  
**b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**17a**

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

OMB No 1545-0047

2008.

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
**56-0599239**

**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" on 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. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMANCE CARES P.O. BOX 205 BURLINGTON, NC 27216	56-1817059	501(C)(3)	2438.	0.			COMMUNITY SUPPORT
ALAMANCE CITIZENS FOR EDUCATION (ACE) - P.O. BOX 100 - BURLINGTON, NC 27216	30-0463740	501(C)(3)	9322.	0.			COMMUNITY SUPPORT
ALAMANCE COUNTY 4-H PROGRAMS 209-C N GRAHAM-HOPEDALE RD. BURLINGTON, NC 27217	58-1448464	501(C)(3)	4689.	0.			COMMUNITY SUPPORT
ALAMANCE CO. COMMUNITY SERVICES P.O. BOX 38 BURLINGTON, NC 27216	56-0861762	501(C)(3)	16398.	0.			COMMUNITY SUPPORT
ALAMANCE COUNTY COMMUNITY YMCA 1346 S. MAIN STREET BURLINGTON, NC 27215	56-0611575	501(C)(3)	33631.	0.			COMMUNITY SUPPORT
ALAMANCE COUNTY DISPUTE SETTLEMENT CENTER - P.O. BOX 524 - GRAHAM, NC 27253	58-1550938	501(C)(3)	19285.	0.			COMMUNITY SUPPORT

**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) 2008**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use 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

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



**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▲ Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047  
2008

**Open to Public**  
**Inspection**

Name of the organization

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

Employer identification number  
**56-0599239**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMANCE COUNTY MEALS ON WHEELS 508 W. DAVIS STREET BURLINGTON, NC 27215	56-1061980	501(C)(3)	37726.	0.			COMMUNITY SUPPORT
ALAMANCE ELDERCARE P.O. BOX 202 BURLINGTON, NC 27216	56-1836540	501(C)(3)	14614.	0.			COMMUNITY SUPPORT
ALAMANCE PARTNERSHIP FOR CHILDREN 2322 RIVER RD. BURLINGTON, NC 27217	56-1884459	501(C)(3)	4719.	0.			COMMUNITY SUPPORT
ALAMAP OF ARMC P.O. BOX 202 BURLINGTON, NC 27216	56-0529994	501(C)(3)	25586.	0.			COMMUNITY SUPPORT
AMERICAN RED CROSS P.O. BOX 875 BURLINGTON, NC 27216	56-6000021	501(C)(3)	40611.	0.			COMMUNITY SUPPORT
BURLINGTON HOUSING AUTHORITY P.O. BOX 2380 BURLINGTON, NC 27216	56-1878125	501(C)(3)	8157.	0.			COMMUNITY SUPPORT
BURLINGTON SENIOR ADULT LEISURE SERVICES - P.O. BOX 1358 - BURLINGTON, NC 27216	56-6001189	501(C)(3)	3596.	0.			COMMUNITY SUPPORT
CENTRO LA COMUNIDAD P.O. BOX 2061 BURLINGTON, NC 27216	56-0529943	501(C)(3)	36148.	0.			COMMUNITY SUPPORT

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

**3** Enter total number of other organizations

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047  
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Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN COUNSELING CENTER 142 S. LEXINGTON AVENUE BURLINGTON, NC 27215	58-1339729	501(C)(3)	14566.	0.			COMMUNITY SUPPORT
CHRISTMAS CHEER OF ALAMANCE COUNTY 331 S. MAIN STREET BURLINGTON, NC 27215	31-1645511	501(C)(3)	5826.	0.			COMMUNITY SUPPORT
CONSUMER CREDIT COUNSELING SERVICE 236 N. MEBANE ST. SUITE 130 BURLINGTON, NC 27217	56-2061741	501(C)(3)	20974.	0.			COMMUNITY SUPPORT
CROSSROADS: SEXUAL ASSAULT RESPONSE & RESOURCE CENTER - P.O. BOX 673 - BURLINGTON, NC 27216	56-1550998	501(C)(3)	12619.	0.			COMMUNITY SUPPORT
EBENEZER UCC - HOUSE OF MANASSEH & EPHRAIM - 734 APPLE STREET - BURLINGTON, NC 27217	56-1233589	501(C)(3)	2913.	0.			COMMUNITY SUPPORT
FAMILY ABUSE SERVICES OF ALAMANCE COUNTY - P.O. BOX 2192 - BURLINGTON, NC 27216	56-1198802	501(C)(3)	38744.	0.			COMMUNITY SUPPORT
FRIENDSHIP ADULT DAY SERVICES P.O. BOX 3303 BURLINGTON, NC 27216	56-1362204	501(C)(3)	26791.	0.			COMMUNITY SUPPORT
GIRL SCOUTS, TARHEEL TRIAD COUNCIL 8818 W. MARKET STREET COLFAX, NC 27235	56-0543237	501(C)(3)	4337.	0.			COMMUNITY SUPPORT
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▲ Attach to Form 990 to list additional information for**  
**Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047  
2008

**Open to Public**  
**Inspection**

Name of the organization

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

Employer identification number  
**56-0599239**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OE ENTERPRISES, INC. - ALAMANCE OFFICE - 717 N PARK AVENUE - BURLINGTON, NC 27217	57-0740781	501(C)(3)	8157.	0.			COMMUNITY SUPPORT
OLD NORTH STATE COUNCIL/BOY SCOUTS OF ALAMANCE COUNTY - P.O. BOX 29046 - GREENSBORO, NC 27429	56-1762001	501(C)(3)	11335.	0.			COMMUNITY SUPPORT
OPEN DOOR CLINIC OF ALAMANCE COUNTY - 221A N GRAHAM-HOPEDALE RD. - BURLINGTON, NC 27217	56-1794210	501(C)(3)	12152.	0.			COMMUNITY SUPPORT
POSITIVE ATTITUDE YOUTH CENTER P.O. BOX 1763 BURLINGTON, NC 27216	56-1913994	501(C)(3)	13657.	0.			COMMUNITY SUPPORT
RESIDENTIAL TREATMENT SERVICES OF ALAMANCE COUNTY - P.O. BOX 427 - BURLINGTON, NC 27216	56-0988222	501(C)(3)	58451.	0.			COMMUNITY SUPPORT
ROADRUNNER TUTORING - ANDREWS ELEMENTARY SCHOOL - 2630 BURLINGTON ROAD - BURLINGTON, NC 27217	60-0233567	501(C)(3)	8739.	0.			COMMUNITY SUPPORT
SALVATION ARMY P.O. BOX 1238 BURLINGTON, NC 27216	56-0543227	501(C)(3)	22274.	0.			COMMUNITY SUPPORT
SALVATION ARMY BOYS CLUB AND GIRLS CLUB - P.O. BOX 1238 - BURLINGTON, NC 27216	58-0660607	501(C)(3)	94999.	0.			COMMUNITY SUPPORT

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

**3** Enter total number of other organizations

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047  
2008

**Open to Public  
Inspection**

Name of the organization

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

Employer identification number  
**56-0599239**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SICKLE CELL DISEASE ASSOCIATION OF THE PIEDMONT - P.O. BOX 964 - GREENSBORO, NC 27420	23-7362747	501(C)(3)	3675.	0.			COMMUNITY SUPPORT
TEEN TO TEEN THEATER - BURLINGTON RECREATION & PARKS - P.O. BOX 1358 - BURLINGTON, NC 27216	56-6001189	501(C)(3)	3496.	0.			COMMUNITY SUPPORT
THE ARC OF ALAMANCE COUNTY P.O. BOX 1275 BURLINGTON, NC 27216	56-1009893	501(C)(3)	6991.	0.			COMMUNITY SUPPORT
THE EXCHANGE CLUB FAMILY CENTER IN ALAMANCE - P.O. BOX 1325 - GRAHAM, NC 27253	58-1443692	501(C)(3)	8157.	0.			COMMUNITY SUPPORT
WOMEN'S RESOURCE CENTER IN ALAMANCE COUNTY - 411-B FIFTH STREET - BURLINGTON, NC 27215	58-1917630	501(C)(3)	16361.	0.			COMMUNITY SUPPORT
HOSPICE & HOSPICE PEDIATRICS 914 CHAPEL HILL ROAD BURLINGTON, NC 27215	56-1344754	501(C)(3)	58766.	0.			COMMUNITY SUPPORT

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

**3** Enter total number of other organizations

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees▶ Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?  
**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
	(i)						
	(ii)						
	(i)						
	(ii)						
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Part III Supplemental Information

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

PART I, LINE 1B: RECEIPTS AND REIMBURSEMENT REQUEST REQUIRED.

**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.

OMB No 1545-0047

**2008****Open to Public  
Inspection**

Name of the Organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

**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			
VIVIAN LANGLEY DIRECTOR	0.00	X						0.	0.	0.
JACK LINDLEY DIRECTOR	0.00	X						0.	0.	0.
REGGIE LIPSCOMB DIRECTOR	0.00	X						0.	0.	0.
TERESA MANSFIELD DIRECTOR	0.00	X						0.	0.	0.
PAUL MAUNEY DIRECTOR	0.00	X						0.	0.	0.
JOHN MAYNARD DIRECTOR	0.00	X						0.	0.	0.
JOHN MCDONALD DIRECTOR	0.00	X						0.	0.	0.
TOM MCGOWEN FUND DEVELOPMENT CHAIR	0.00	X		X				0.	0.	0.
CINDY MONTGOMERY DIRECTOR	0.00	X						0.	0.	0.
DAVID MOORE DIRECTOR	0.00	X						0.	0.	0.
AARON NOBLE DIRECTOR	0.00	X						0.	0.	0.
SUSAN OSBORNE DIRECTOR	0.00	X						0.	0.	0.
RANDY PERKINS PAST PRESIDENT	0.00	X						0.	0.	0.
JOHN PETERSON DIRECTOR	0.00	X						0.	0.	0.
PATTY PHILIPPS DIRECTOR	0.00	X						0.	0.	0.
CAROLYN RHODE DIRECTOR	0.00	X						0.	0.	0.
EBHER ROSSI DIRECTOR	0.00	X						0.	0.	0.
STEVE SCOTT DIRECTOR	0.00	X						0.	0.	0.
VICKIE SOMERS DIRECTOR	0.00	X						0.	0.	0.
MARTY STADLER COMMUNITY IMPACT CHAIR	0.00	X		X				0.	0.	0.

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

Schedule J-2 (Form 990) 2008



**Department of the Treasury**  
**Internal Revenue Service**

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

**Open to Public Inspection**

Employer Identification number  
56-0599239

[illegible]

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**NonCash Contributions**

OMB No 1545-0047

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

**2008**  
Open to Public  
Inspection

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	26241.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( EQUIPMENT )	X	1	700.	FAIR VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31		X
32a	X	
33		

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

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information

SCHEDULE M, LINE 32B: UNITED WAY OF ALAMANCE COUNTY HAS A BROKERAGE  
ACCOUNT WITH A LOCAL BROKER. STOCK DONATIONS ARE TRANSFERRED IN TO  
THIS ACCOUNT AND SOLD AS SOON AS RECEIVED. A CHECK IS THEN ISSUED TO  
UNITED WAY OF ALAMANCE COUNTY.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number  
56-0599239

FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING FAMILY AND/OR

BUSINESS RELATIONSHIPS EXIST FOR OFFICERS OR DIRECTORS:

KIM BUTLER HAS A FAMILY RELATIONSHIP WITH JIM BUTLER

JIM BUTLER HAS A FAMILY RELATIONSHIP WITH KIM BUTLER AND A BUSINESS

RELATIONSHIP WITH DON JENNINGS

JOHN CURRIN HAS A BUSINESS RELATIONSHIP WITH VIVIAN LANGLEY

PAMELA DUFFY HAS A BUSINESS RELATIONSHIP WITH DEREK STEED

LEE ISLEY HAS A BUSINESS RELATIONSHIP WITH JOHN PETERSON

DON JENNINGS HAS A BUSINESS RELATIONSHIP WITH JIM BUTLER, JOHN PETERSON,

RANDY PERKINS, & BILL VESTAL

MITCH KING HAS A BUSINESS RELATIONSHIP WITH MICKEY KLUTTZ & TOM MCGOWEN

MICKEY KLUTTZ HAS A BUSINESS RELATIONSHIP WITH MITCH KING & TOM MCGOWEN

VIVIAN LANGLEY HAS A BUSINESS RELATIONSHIP WITH JOHN CURRIN

TOM MCGOWEN HAS A BUSINESS RELATIONSHIP WITH MICKEY KLUTTZ & MITCH KING

JOHN PETERSON HAS A BUSINESS RELATIONSHIP WITH LEE ISLEY & DON JENNINGS

DEREK STEED HAS A BUSINESS RELATIONSHIP WITH PAM DUFFY

BILL VESTAL HAS A BUSINESS RELATIONSHIP WITH DON JENNINGS

FORM 990, PART VI, SECTION A, LINE 10: THE AUDIT COMMITTEE REVIEWED THE  
990 WITH THE TAX PREPARER BEFORE IT WAS FILED. THE AUDIT COMMITTEE ALSO  
REVIEWS THE FORM 990 WITH THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, BOARD MEMBERS ARE ASKED  
TO COMPLETE A CONFLICT OF INTEREST POLICY AND LIST AFFILIATIONS AND  
ASSOCIATIONS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

FORM 990, PART VI, SECTION B, LINE 15: THE UW OF ALAMANCE COUNTY BOARD  
HELD A PRESIDENT'S PERFORMANCE REVIEW ON JUNE 25, 2009, EXAMINING THE  
PRESIDENT'S COMPENSATION AND COMPARING IT TO LIKE NON-PROFIT JOBS IN  
SIMILAR COMMUNITIES.

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL INFORMATION IS AVAILABLE  
FOR PUBLIC INSPECTION BOTH ON THE INTERNET AND UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION HAS A NEWLY FORMED AUDIT COMMITTEE.

FORM 990, PART I, LINE I

DESCRIPTION OF ORGANIZATION MISSION

THE UNITED WAY EXISTS TO SUPPORT THE COMMUNITY IN ADDRESSING ITS HUMAN  
SERVICE NEEDS BY IDENTIFYING THE NEEDS, EDUCATING AND INVOLVING THE  
COMMUNITY, AND ORGANIZING AND ALLOCATING FUNDS FOR THE BENEFITS OF  
THOSE WITH INSUFFICIENT RESOURCES IN A MANNER THAT ENSURES  
ACCOUNTABILITY AND MAXIMUM EFFECTIVENESS.

FORM 990, PART II, LINE 1

THE UNITED WAY EXISTS TO SUPPORT THE COMMUNITY IN ADDRESSING ITS HUMAN  
SERVICE NEEDS BY IDENTIFYING THE NEEDS, EDUCATING AND INVOLVING THE  
COMMUNITY, AND ORGANIZING AND ALLOCATING FUNDS FOR THE BENEFITS OF  
THOSE WITH INSUFFICIENT RESOURCES IN A MANNER THAT ENSURES  
ACCOUNTABILITY AND MAXIMUM EFFECTIVENESS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

FORM 990, PART IV, LINE 14A

THIRD PARTY PROCESSOR

THIRD-PARTY PROCESSOR MAY UTILITZE SERVICES OUTSIDE U.S.

FORM 990, PART IV, LINE 28C

TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L IS NOT REQUIRED BECAUSE BUSINESS TRANSACTIONS WITH  
INTERESTED PERSONS ARE BELOW THE THRESHOLD OF \$100,000 OR THE GREATER  
OF \$10,000 OR 1% OF THE ORGANIZATION'S TOTAL REVENUE FOR THE YEAR.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return**Depreciation and Amortization** 990  
(Including Information on Listed Property)

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

OMB No 1545-0172

**2008**Attachment  
Sequence No 67

UNITED WAY OF ALAMANCE COUNTY, INC.

FORM 990 PAGE 10

56-0599239

**Part I** Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	250000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	800000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
7	Listed property. Enter the amount from line 29	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	

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

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

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	
15	Property subject to section 168(f)(1) election	
16	Other depreciation (including ACRS)	2500.

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

17	MACRS deductions for assets placed in service in tax years beginning before 2008	5651.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		19092.	5 YRS.	MQ	200DB	1105.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV** Summary (See instructions.)

21	Listed property. Enter amount from line 28	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	9256.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	

816251  
11-08-08

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use.

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -		
		%			S/L -		
		%			S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

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

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

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

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

**42** Amortization of costs that begins during your 2008 tax year:


**43** Amortization of costs that began before your 2008 tax year

43

**44** Total. Add amounts in column (f). See the instructions for where to report

44