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SCANNED AUG 02 2010

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)

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

OMB No 1545-0047

2009

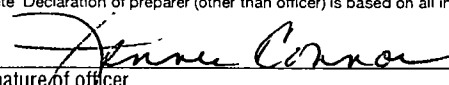
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization CATAWBA COUNTY UNITED WAY INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2425 City or town, state or country, and ZIP + 4 HICKORY, NC 28603 D Employer identification number 56-0774714 E Telephone number 828-327-6851 G Gross receipts \$ 1,471,538. H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ►
F Name and address of principal officer JENNIE CONNOR SAME AS C ABOVE I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 J Website: ► WWW.CCUNITEDWAY.COM K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1985 M State of legal domicile: NC	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE MISSION OF CATAWBA COUNTY UNITED WAY IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO HELP		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1h)	4	28
	5	Total number of employees (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	552
Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990, line 8	7b	0.
	8	Contributions and grants (Part VIII, line 1h)	8	1,804,367.
	9	Program service revenue (Part VIII, line 2a)	9	1,454,339.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	31,068.
	11	Other revenue (Part VIII, column (A), lines 5, 6, 7a, 7b, 7c, 7d, and 7e)	11	4,532.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	1,839,967.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	1,504,141.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	14	1,232,317.
	Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15
16a		Professional fundraising fees (Part IX, column (A), line 11e)	16a	245,524.
b		Total fundraising expenses (Part IX, column (D), line 25) ► 123,384.	16b	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	127,528.
18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18	1,908,982.
19		Revenue less expenses Subtract line 18 from line 12	19	1,591,146.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	20	<69,015.>
	21	Total liabilities (Part X, line 26)	21	<119,608.>
	22	Net assets or fund balances Subtract line 21 from line 20	22	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer  JENNIE CONNOR, EXECUTIVE DIRECTOR Type or print name and title	Date		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ☐	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 FRANK F. WILLIAMS, CPA MARTIN STARNES & ASSOCIATES, CPAS, P.A. 730 13TH AVENUE DR SE HICKORY, NC 28602	05/24/10		EIN ► Phone no. ► (828) 327-2727

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

Glu

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
THE MISSION OF CATAWBA COUNTY UNITED WAY IS TO INCREASE THE ORGANIZED
CAPACITY OF PEOPLE TO HELP OTHERS BY MOBILIZING THE CARING POWER OF
OUR COMMUNITY. THIS MISSION IS CARRIED OUT THROUGH THE FUNDRAISING
CAMPAIGNS THAT PROVIDES FUNDING TO LOCAL IMPACT PARTNERS ON ACHIEVING
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 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

SEE SCHEDULE O FOR CONTINUATION(S)

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

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

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

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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	28	
1b Enter the number of voting members that are independent	28	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **►**
TAMMY DOTSON - 828-327-6851
800 17TH ST NW, HICKORY, NC 28601

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

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

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

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RODNEY MILLER PRESIDENT	1.00	X		X				0.	0.	0.
JOHN SMITH VICE PRESIDENT	1.00	X		X				0.	0.	0.
DENNIS HURST TREASURER	1.00	X		X				0.	0.	0.
TONY WOLFE PAST PRESIDENT	1.00	X		X				0.	0.	0.
LARRY AIELLO CAMPAIGN CHAIR	1.00	X		X				0.	0.	0.
MICK BERRY BOARD	1.00	X						0.	0.	0.
SAMMY BURNETT BOARD	1.00	X						0.	0.	0.
JOANIE E. GARDNER BOARD	1.00	X						0.	0.	0.
GARRETT HINSHAW BOARD	1.00	X						0.	0.	0.
SUSAN ALLSHOUSE BOARD	1.00	X						0.	0.	0.
PHIL ARMSTRONG BOARD	1.00	X						0.	0.	0.
STEPHEN ELLIS BOARD	1.00	X						0.	0.	0.
BRIAN GEORGE BOARD	1.00	X						0.	0.	0.
GUY GUARINO BOARD	1.00	X						0.	0.	0.
GROVER LINEBARGER BOARD	1.00	X						0.	0.	0.
BILL LINQUIST BOARD	1.00	X						0.	0.	0.
TIM MARKLEY BOARD	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL DURHAM BOARD	1.00	X						0.	0.	0.
CLARK KINLIN BOARD	1.00	X						0.	0.	0.
MICHAEL BLACKBURN BOARD	1.00	X						0.	0.	0.
JOHN ELLER BOARD	1.00	X						0.	0.	0.
JOHN ISENHOUR BOARD	1.00	X						0.	0.	0.
JONATHAN KIRTLEY BOARD	1.00	X						0.	0.	0.
TIM LARSON BOARD	1.00	X						0.	0.	0.
JULIE PRUETT BOARD	1.00	X						0.	0.	0.
BARRY REDMOND BOARD	1.00	X						0.	0.	0.
LAYNE SMITH BOARD	1.00	X						0.	0.	0.
1b Total								99,000.	0.	20,199.

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

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

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

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

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

Form 990 (2009)

Part VIII Statement of Revenue

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,232,317.	1,232,317.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	119,198.	56,668.	23,112.	39,418.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	68,434.	32,533.	13,270.	22,631.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	44,483.	20,980.	10,190.	13,313.
10 Payroll taxes	13,409.	6,367.	2,590.	4,452.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	6,350.	3,048.	1,016.	2,286.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	7,230.	3,470.	1,157.	2,603.
17 Travel	3,388.	1,444.	99.	1,845.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,688.	5,610.	2,104.	3,974.
23 Insurance	4,512.	2,166.	722.	1,624.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a DUES AND LICENSES	21,128.	10,016.	3,325.	7,787.
b MISCELLANEOUS	17,292.	15,861.	94.	1,337.
c CAMPAIGN EXPENSES	14,080.			14,080.
d TELEPHONE	11,227.	9,653.	484.	1,090.
e REPAIRS/MAINTENANCE	6,950.	3,348.	1,059.	2,543.
f All other expenses	9,460.	3,968.	1,091.	4,401.
25 Total functional expenses Add lines 1 through 24f	1,591,146.	1,407,449.	60,313.	123,384.
26 Joint costs Check here ☐ 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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,618,945.	2	1,555,802.
	3 Pledges and grants receivable, net	1,093,759.	3	976,658.
	4 Accounts receivable, net	1,600.	4	1,146.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D.	10a 96,559.		
	b Less accumulated depreciation	10b 55,512.	52,733.	10c 41,047.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11.		12	
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11.		15		
16 Total assets. Add lines 1 through 15 (must equal line 34).	2,767,037.	16	2,574,653.	
Liabilities	17 Accounts payable and accrued expenses	27,336.	17	2,262.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.	142,762.	25	82,500.
	26 Total liabilities. Add lines 17 through 25.	170,098.	26	84,762.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,343,758.	27	1,255,711.
	28 Temporarily restricted net assets	1,020,953.	28	954,174.
	29 Permanently restricted net assets	232,228.	29	280,006.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,596,939.	33	2,489,891.
34 Total liabilities and net assets/fund balances	2,767,037.	34	2,574,653.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,512,306.	1,864,687.	1,691,447.	1,804,367.	1,454,339.	8,327,146.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,512,306.	1,864,687.	1,691,447.	1,804,367.	1,454,339.	8,327,146.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						8,327,146.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,512,306.	1,864,687.	1,691,447.	1,804,367.	1,454,339.	8,327,146.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,107.	73,493.	73,476.	31,068.	14,984.	235,128.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				4,532.	2,215.	6,747.
11 Total support. Add lines 7 through 10						8,569,021.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.18 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.87 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

CATAWBA COUNTY UNITED WAY INC

Employer identification number

56-0774714

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

	(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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	232,228.	222,228.			
b Contributions	47,778.	10,000.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	280,006.	232,228.			

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

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		96,559.	55,512.	41,047.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				41,047.

Schedule D (Form 990) 2009

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount
1 Federal income taxes	
DESIGNATION TO OTHER AGENCIES	82,500.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
	82,500.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number
56-0774714

CATAWBA COUNTY UNITED WAY INC

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?

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

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	
		☐

[illegible]

- | | | |
|---|--|---|
| 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.

Continuation Sheet for Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the Organization

CATAWBA COUNTY UNITED WAY INC

Employer Identification number
56-0774714

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CATAWBA COUNTY UNITED WAY INC

Employer identification number
56-0774714

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

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

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

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

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

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

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

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
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OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

CATAWBA COUNTY UNITED WAY INC

Employer identification number
56-0774714

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

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS
SURVIVE AND PROTECT THEIR FAMILIES IN A DISASTER SITUATION. CRISIS
FINANCIAL ASSISTANCE PROVIDED TO OVER 2,000 FAMILIES FOR UTILITIES,
RENT, OR HEATING FUEL IN AN EFFORT TO KEEP FAMILIES INTACT AND IN THEIR
HOMES. PROVIDED SUPPORT TO 1,948 VICTIMS OF DOMESTIC VIOLENCE
INCLUDING A SAFE PLACE TO STAY AS WELL AS COUNSELING AND ADVOCACY
SERVICES. THIS SUPPORT RESULTED IN A DECREASE IN FEELINGS OF ISOLATION
AND VICTIMS WERE ABLE TO MOVE INTO A VIOLENCE-FREE HOME. ADVOCACY AND
COUNSELING SERVICES TO 458 VICTIMS OF SEXUAL ASSAULT RESULTING IN
VICTIMS HAVING AN ADVOCATE WITH THEM DURING MEDICAL AND COURT
PROCEDURES GIVING THEM THE COURAGE THEY NEED TO RECOVER FROM THEIR
ASSAULT. SHELTER AND MEALS PROVIDED FOR 793 HOMELESS INDIVIDUALS
OFFERING THEM A SAFE PLACE TO SLEEP ON COLD AND RAINY NIGHTS.

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

CATAWBA COUNTY UNITED WAY INC

Employer identification number

56-0774714

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

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

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

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

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

CATAWBA COUNTY UNITED WAY INC

Employer identification number

56-0774714

AWARE.

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

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

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

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

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

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

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

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

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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

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

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

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

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

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

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

Type or print	Name of Exempt Organization CATAWBA COUNTY UNITED WAY INC	Employer identification number 56-0774714
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions PO BOX 2425	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HICKORY, NC 28603	

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

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

TAMMY DOTSON

- The books are in the care of ► **PO BOX 2425 - HICKORY, NC 28603**

Telephone No ► **828-327-6851**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension will cover

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

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)