



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2009Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ated
- ☐ Amend-
ed return
- ☐ Applica-
tion
pending

Please
use IRS
label or
print or
typeSee
Specific
Instruc-
tions**C** Name of organization**HENDERSON COUNTY UNITED WAY, INC.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

P.O. BOX 487

Room/suite

City or town, state or country, and ZIP + 4

HENDERSONVILLE, NC 28793-0487**F** Name and address of principal officer: **RUTH BIRGE****SAME AS C ABOVE****D** Employer identification number**56-0890133****E** Telephone number**828-692-1636****G** Gross receipts \$**1,605,186.****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 ▶**I** Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.LIVEUNITEDHC.ORG****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1953****M** State of legal domicile **NC****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: IMPROVE THE LIVES OF HENDERSON COUNTY RESIDENTS		
	2	Check this box <input type="checkbox"/> 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	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of employees (Part V, line 2a)	5	7
	6	Total number of volunteers (estimate if necessary)	6	269
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,643,921.	Current Year 1,587,220.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,923.	1,051.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,030.	16,345.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,663,874.	1,604,616.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,106,387.	1,035,640.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	258,303.	222,293.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 139,118.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	177,629.	174,987.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,542,319.	1,432,920.
19	Revenue less expenses. Subtract line 18 from line 12	121,555.	171,696.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,733,998.	End of Year 1,860,784.
	21	Total liabilities (Part X, line 26)	1,016,670.	926,488.
	22	Net assets or fund balances. Subtract line 21 from line 20	717,328.	934,296.

Part II Signature Block

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

Sign
Here

Signature of officer

Date

RUTH BIRGE, EXECUTIVE DIRECTOR

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or
yours if
self-employed),
address, and
ZIP + 4**DIXON HUGHES PLLC
500 RIDGEFILED COURT
ASHEVILLE, NC 28806**

Date

11/14/10Check if
self-
employed ▶ ☐Preparer's identifying number
(see instructions)

EIN ▶

Phone no ▶ **828-254-2254**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

SCANNED DEC 03 2010

514 11

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission:
**TO ORGANIZE AND MOBILIZE COMMUNITY RESOURCES TO IMPROVE LIVES OF
 HENDERSON COUNTY RESIDENTS.**

- 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 \$ 1,139,979. including grants of \$ 1,035,640.) (Revenue \$ 17,396.)
**THE BUSINESS ACTIVITY OF THE UNITED WAY IS A PRINCIPAL TOOL IN
 SUPPORTING ITS VISION "TO BE A CATALYST IN MAKING A POSITIVE AND
 LASTING CHANGE IN THE HUMAN CONDITION IN HENDERSON COUNTY." OTHER TOOLS
 INCLUDE PARTNERSHIPS WITH OTHER COMMUNITY FUNDERS, RELATIONSHIPS WITH
 SUPPORTED AGENCIES, CULTIVATION OF A GROWING AND KNOWLEDGEABLE
 VOLUNTEER BASE, AND BOARD ADOPTION OF UNITED WAY OF AMERICA'S COMMUNITY
 IMPACT AGENDA.**

**FOR FUNDING YEAR 2010/11 (7/1/10 - 6/30/11), UNITED WAY OF HENDERSON
 COUNTY (UWHC) IS FUNDING 43 PROGRAMS FOR 25 HENDERSON COUNTY HEALTH AND
 HUMAN SERVICE AGENCIES. EACH REQUEST FOR PROGRAM FUNDS DESCRIBES THE
 NEED AND POPULATION SERVED. THE AMOUNT OF FUNDING ANY PROGRAM RECEIVES**

- 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

- 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

- 4e Total program service expenses \$ 1,139,979.

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>	N/A	
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

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>	21 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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	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>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	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>	35	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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 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	4	
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?		
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	7	
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? N/A		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
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		

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	24	
b Enter the number of voting members that are independent	24	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
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: **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: **ROBIN MORGAN - 828-692-1636**
722 5TH AVENUE WEST, HENDERSONVILLE, NC 28739

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			
TERRY FOXWORTH CHAIR	2.00	X		X				0.	0.	0.
PAUL MORSE VICE CHAIR	2.00	X		X				0.	0.	0.
COLLEEN HOBBICK SECRETARY	2.00	X		X				0.	0.	0.
TIM KRIEDEL TREASURER	2.00	X		X				0.	0.	0.
BARBARA PLATZ FUNDS DISTRIBUTION	2.00	X						0.	0.	0.
GERALD J. MAIER CAMPAIGN CHAIR	2.00	X						0.	0.	0.
MARK MORSE PAST CHAIR	2.00	X						0.	0.	0.
JIMM BUNCH BOARD MEMBER	2.00	X						0.	0.	0.
BRIAN CAVAGNINI BOARD MEMBER	2.00	X						0.	0.	0.
KEVIN LAURITSEN AGENCY REPRESENTATIVE	2.00	X						0.	0.	0.
JACK MORGAN BOARD MEMBER	2.00	X						0.	0.	0.
DAVID JONES BOARD MEMBER	2.00	X						0.	0.	0.
MOLLY PARKHILL BOARD MEMBER	2.00	X						0.	0.	0.
DONNA HASTIE BOARD MEMBER	2.00	X						0.	0.	0.
KRIS HOCE BOARD MEMBER	2.00	X						0.	0.	0.
RITA HOOD BOARD MEMBER	2.00	X						0.	0.	0.
BRYCE MALSBARY BOARD MEMBER	2.00	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			
JOE MCGUIRE BOARD MEMBER	2.00	X						0.	0.	0.
VIKKI BAILEY BOARD MEMBER	2.00	X						0.	0.	0.
GRAHAM FIELDS BOARD MEMBER	2.00	X						0.	0.	0.
ALBERT GOOCH BOARD MEMBER	2.00	X						0.	0.	0.
NATHAN KENNEDY BOARD MEMBER	2.00	X						0.	0.	0.
JAMES MAUNEY BOARD MEMBER	2.00	X						0.	0.	0.
PAUL PARKER BOARD MEMBER	2.00	X						0.	0.	0.
RICK DAVIS BOARD MEMBER	2.00	X						0.	0.	0.
KEVIN DRAKE BOARD MEMBER	2.00	X						0.	0.	0.
LEE HENDERSON-HILL BOARD MEMBER	2.00	X						0.	0.	0.
1b Total								71,499.	0.	8,249.

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

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					
	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	1,587,220.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1,587,220.			
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)			1,051.			1,051.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses		16,900.				
	c Rental income or (loss)		570.				
	d Net rental income or (loss)		16,330.				
				16,330.	16,330.		
	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 MISCELLANEOUS INCOME		900099	15.	15.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			15.				
12 Total revenue. See instructions			1,604,616.	16,345.	0.	1,051.	

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	1,035,640.	1,035,640.		
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	79,748.	12,259.	60,499.	6,990.
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	105,347.	28,388.	10,781.	66,178.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	22,293.	4,896.	8,585.	8,812.
10 Payroll taxes	14,905.	3,273.	5,740.	5,892.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,238.		21,238.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	12,153.	2,685.	1,223.	8,245.
12 Advertising and promotion	1,768.	884.		884.
13 Office expenses	68,563.	21,138.	14,613.	32,812.
14 Information technology				
15 Royalties				
16 Occupancy	18,329.	2,104.	12,664.	3,561.
17 Travel	2,768.	1,384.	1,384.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,337.	8,185.	1,593.	2,559.
20 Interest				
21 Payments to affiliates	16,116.	16,116.		
22 Depreciation, depletion, and amortization	15,133.	3,027.	12,106.	
23 Insurance	5,300.		2,115.	3,185.
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 MISCELLANEOUS	1,282.		1,282.	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,432,920.	1,139,979.	153,823.	139,118.
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
Assets	1 Cash - non-interest-bearing	386.	1	294.
	2 Savings and temporary cash investments	352,037.	2	604,401.
	3 Pledges and grants receivable, net	751,781.	3	578,162.
	4 Accounts receivable, net	74,042.	4	96,289.
	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	8,331.	9	9,194.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 363,907.		
	b Less: accumulated depreciation	10b 186,937.	190,983.	10c 176,970.
	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	356,438.	15	395,474.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,733,998.	16	1,860,784.	
Liabilities	17 Accounts payable and accrued expenses	41,552.	17	54,375.
	18 Grants payable	975,118.	18	872,113.
	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		25	
	26 Total liabilities. Add lines 17 through 25	1,016,670.	26	926,488.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		717,328.	27	934,296.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		717,328.	33	934,296.
34 Total liabilities and net assets/fund balances		1,733,998.	34	1,860,784.

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.")	1472921.	1765698.	1793200.	1643921.	1587220.	8262960.
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	1472921.	1765698.	1793200.	1643921.	1587220.	8262960.
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)						715,522.
6 Public support. Subtract line 5 from line 4						7547438.

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	1472921.	1765698.	1793200.	1643921.	1587220.	8262960.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,698.	11,296.	20,738.	19,023.	17,951.	78,706.
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.)	26,549.	916.	498.	1,500.	15.	29,478.
11 Total support. Add lines 7 through 10						8371144.

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	90.16 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.47 %

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 ▶ <input type="checkbox"/>						

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

2009

Open to Public
Inspection

Name of the organization

HENDERSON COUNTY UNITED WAY, INC.

Employer identification number

56-0890133

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

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

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

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

<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 a certified historic structure
<input type="checkbox"/> 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:

	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 the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
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		284,862.	146,332.	138,530.
c Leasehold improvements				
d Equipment		79,045.	40,605.	38,440.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				176,970.

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
BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	395,474.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	
	395,474.

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

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

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.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,604,616.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,432,920.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	171,696.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	45,272.
9	Total adjustments (net). Add lines 4 through 8	9	45,272.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	216,968.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,497,437.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	20,565.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	48,021.
e	Add lines 2a through 2d	2e	68,586.
3	Subtract line 2e from line 1	3	1,428,851.
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	175,765.
c	Add lines 4a and 4b	4c	175,765.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,604,616.

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

1	Total expenses and losses per audited financial statements	1	1,280,469.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	20,565.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	2,749.
e	Add lines 2a through 2d	2e	23,314.
3	Subtract line 2e from line 1	3	1,257,155.
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	175,765.
c	Add lines 4a and 4b	4c	175,765.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,432,920.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

COMMUNITY FOUNDATION FUND ACTIVITY, NET: 45272.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COMMUNITY FOUNDATION FUND ACTIVITY : 48021.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

DESIGNATED PLEDGES: 175765.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COMMUNITY FOUNDATION FUND ACTIVITY : 2749.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATED PLEDGES: 175765.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HENDERSON COUNTY UNITED WAY, INC.

Employer identification number
56-0890133

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

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

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
HENDERSON COUNTY COUNCIL ON AGING 105 KING CREEK BLVD. HENDERSONVILLE, NC 28792	56-0936674	501(C)(3)	80,808.	0.	FMV	N/A	GENERAL SUPPORT
BOYS & GIRLS CLUB OF HENDERSON COUNTY/HENDERSONVILLE, INC. - PO BOX 1460 - HENDERSONVILLE, NC 28793	56-1803125	501(C)(3)	80,000.	0.	FMV	N/A	EDUCATION & SOCIAL DEVELOPMENT PROGRAM
THE HEALING PLACE PO BOX 2461 HENDERSONVILLE, NC 28793	56-1667721	501(C)(3)	50,479.	0.	FMV	N/A	VICTIM SUPPORT
MAINSTAY, INC. 133 FIFTH AVENUE WEST HENDERSONVILLE, NC 28792	56-1469847	501(C)(3)	67,350.	0.	FMV	N/A	FAMILY SUPPORT, EMERGENCY SHELTER
HELPING HAND DEVELOPMENTAL CENTER PO BOX 222 EAST FLAT ROCK, NC 28726	51-0138781	501(C)(3)	59,254.	0.	FMV	N/A	DEVELOPMENTAL DAY
BLUE RIDGE COMMUNITY HEALTH, INC. PO BOX 5151 HENDERSONVILLE, NC 28793	56-0794933	501(C)(3)	58,600.	0.	FMV	N/A	DENTAL SERVICES, INDIGENT MEDICATIONS

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

3 Enter total number of other organizations

▶ 31. ▶

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

Schedule I (Form 990) 2009

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

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

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

SCHEDULE I, PART I, LINE 2: UWHC MONITORS VIA AN ALLOCATIONS PROCESS. THE FUNDED PROGRAMS ARE DETERMINED BY A PANEL THAT REVIEWS EACH PROGRAM IN THE BEGINNING OF THE APPLICATION PROCESS. ONCE APPROVED FOR ALLOCATED FUNDING, THE PROGRAM REPORTS THROUGHOUT THE PAYOUT YEAR END AND THEN A VALUATION OF THE PROGRAM AND ITS OUTCOMES ARE REVIEWED BY THE ALLOCATION PANELS AT THE END OF THE CYCLE.

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
 Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
 Open to Public
 Inspection

Name of the organization

HENDERSON COUNTY UNITED WAY, INC.

Employer identification number
56-0890133

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)									
(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		
THE SALVATION ARMY P.O. BOX 1764 SHELBY, NC 28151	58-0660607	501(C)(3)	70,363.	0.	FMV	N/A	PROVIDING CRISIS INTERVENTION		
FOUR SEASONS HOSPICE 571 SOUTH ALLEN ROAD FLAT ROCK, NC 28731	56-1252665	501(C)(3)	40,200.	0.	FMV	N/A	HEARTSONGS		
AMERICAN RED CROSS 203 SECOND AVE. EAST HENDERSONVILLE, NC 28792	53-0196605	501(C)(3)	63,917.	0.	FMV	N/A	BLOOD SERVICES, HEALTH & SAFETY, DISASTER PREPARATION & RELIEF		
PARDEE MEMORIAL HOSPITAL FOUNDATION, INC - 2029A ASHEVILLE HWY - HENDERSONVILLE, NC 28791	56-1930028	501(C)(3)	48,483.	0.	FMV	N/A	GENERAL SUPPORT		
PISGAH LEGAL SERVICES PO BOX 2276 ASHEVILLE, NC 28802	56-1191115	501(C)(3)	39,956.	0.	FMV	N/A	ELDER LAW, LEGAL SERVICES FOR POOR, JUSTICE FOR ALL, HENDERSON FAMILY ASSISTANCE		
HOUSING ASSISTANCE CORPORATION 602 KANUGA ROAD HENDERSONVILLE, NC 28739	58-1831757	501(C)(3)	33,573.	0.	FMV	N/A	HOME REPAIRS AND HOUSING COUNSELING		
CHILDREN & FAMILY RESOURCE CENTER OF HENDERSON COUNTY, INC. - PO BOX 1105 - HENDERSONVILLE, NC 28793	56-2113878	501(C)(3)	27,644.	0.	FMV	N/A	CHILD CARE RESOURCE & REFERRAL, ADOLESCENT PARENTING PROGRAM, AND PARENTS AS TEACHERS		
CONSUMER CREDIT COUNSELING SERVICE OF WESTERN NORTH CAROLINA, INC. - 50 SOUTH FRENCH BROAD AVENUE - ASHEVILLE, NC 28801	56-1056077	501(C)(3)	42,000.	0.	FMV	N/A	ON TRACK PROGRAM - FINANCIAL/HOUSING COUNSELING AND FINANCIAL LITERACY EDUCATION		

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

HENDERSON COUNTY UNITED WAY, INC.

Employer identification number
56-0890133

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HENDERSON COUNTY FREE MEDICAL CLINIC, INC. - 841 CASE STREET - HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	37,000.	0.FMV		N/A	DENTAL EXTRACTION, MEDI-FIND		
BIG BROTHERS/BIG SISTERS - BBBS OF HENDERSON COUNTY - 722 5TH AVE. WEST - HENDERSONVILLE, NC 28739	58-1505917	501(C)(3)	26,750.	0.FMV		N/A	GENERAL SUPPORT		
CALL 2-1-1 (UW OF ASHEVILLE/BUNCOMBE COUNTY CONTRACT SERVICE) - 50 SOUTH FRENCH BROAD AVENUE - ASHEVILLE, NC 28792	56-0576157	501(C)(3)	28,155.	0.FMV		N/A	OTHER CONTRACT SERVICES		
HENDERSONVILLE RESCUE MISSION P.O. BOX 1512 HENDERSONVILLE, NC 28793	58-1480173	501(C)(3)	8,969.	0.FMV		N/A	PROVIDING CRISIS INTERVENTION		
DISPUTE SETTLEMENT CENTER OF HENDERSON COUNTY, INC. - 101 S. GROVE STREET - HENDERSONVILLE, NC 28792	56-1427576	501(C)(3)	23,288.	0.FMV		N/A	FAMILY MEDIATION, COMMUNITY MEDIATION		
BOY SCOUTS OF AMERICA DANIEL BOONE COUNCIL - PO BOX 7626 - ASHEVILLE, NC 28802	56-0529937	501(C)(3)	19,000.	0.FMV		N/A	STANDARD PROGRAM		
YMCA OF HENDERSONVILLE AND HENDERSON COUNTY - 816 SIXTH AVENUE WEST - HENDERSONVILLE, NC 28739	56-0671364	501(C)(3)	18,828.	0.FMV		N/A	SUMMER DAY CAMP SCHOLARSHIPS, FAMILY/YOUTH SCHOLARSHIPS		
BLUE RIDGE LITERACY COUNCIL PO BOX 1728 HENDERSONVILLE, NC 28793	56-1691110	501(C)(3)	21,655.	0.FMV		N/A	BASIC LITERACY AND ENGLISH AS A 2ND LANGUAGE		

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

Schedule I-1 (Form 990) 2009

Name of the organization

HENDERSON COUNTY UNITED WAY, INC.

Employer identification number
56-0890133

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VOCATIONAL SOLUTIONS OF HENDERSON COUNTY - 2110 SPARTANBURG HIGHWAY - EAST FLAT ROCK, NC 28726	56-0897854	501(C)(3)	10,000.	0. FMV		N/A	ADVP TRANSPORTATION		
MANNA FOOD BANK, INC. 627 SWANNANOVA RIVER ROAD ASHEVILLE, NC 28805	58-1514800	501(C)(3)	17,738.	0. FMV		N/A	FOOD DISTRIBUTION FOR HENDERSON CO. AGENCIES		
CHILDREN'S CLOTHING CLOSET (JR. WOMEN'S CLUB) - P.O. BOX 1054 - HENDERSONVILLE, NC 28793	56-1888055	501(C)(3)	15,478.	0. FMV		N/A	PROVIDING CRISIS INTERVENTION		
PARK RIDGE HOSPITAL FOUNDATION 100 HOSPITAL DRIVE HENDERSONVILLE, NC 28792	56-0543246	501(C)(3)	19,811.	0. FMV		N/A	GENERAL SUPPORT		
GIRL SCOUTS OF WESTERN NORTH CAROLINA PISGAH COUNCIL, INC. - PO BOX 8249 - ASHEVILLE, NC 28814	56-0577629	501(C)(3)	9,000.	0. FMV		N/A	GENERAL SUPPORT		
WNC AIDS PROJECT P.O. BOX 2411 ASHEVILLE, NC 28802	58-1772685	501(C)(3)	13,209.	0. FMV		N/A	PROMOTING HEALTH AND WELLNESS		
WCCJ - WOMEN AT RISK HENDERSON COUNTY - PO BOX 7472 - ASHEVILLE, NC 28802	58-1491257	501(C)(3)	4,079.	0. FMV		N/A	WOMEN AT RISK HENDERSON COUNTY		
PARK RIDGE HOSPITAL PREP & KID POWER - 100 HOSPITAL DRIVE - HENDERSONVILLE, NC 28792	56-0543246	501(C)(3)	7,550.	0. FMV		N/A	PRESCHOOLERS REACHING EDUCATIONAL POTENTIAL, KID POWER		

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

Schedule I-1 (Form 990) 2009

Employer identification number
56-0890133

LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule L-1 (Form 990) 2009
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions 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.

Name of the Organization

HENDERSON COUNTY UNITED WAY, INC.

Employer Identification number
56-0890133

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

[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

HENDERSON COUNTY UNITED WAY, INC.

Employer identification number
56-0890133

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IS DETERMINED BY ONE OF SIX UWHC ALLOCATION PANELS MADE UP OF A TOTAL
OF 26 TRAINED COMMUNITY VOLUNTEERS. EACH PROGRAM IS EVALUATED ON HOW
WELL IT MEETS COMMUNITY NEEDS, THE MEASURABLE OUTCOMES ACHIEVED BY THE
PROGRAMS, AND THE AGENCY'S BUSINESS PRACTICES AND STEWARDSHIP OF DONOR
FUNDS. TOTAL PROGRAM ALLOCATIONS FOR FY 2010/11 ARE \$845,705. AN
ADDITIONAL INVESTMENT IN COMMUNITY FOUNDATIONS, 211 OF
WNC, AND OTHER COMMUNITY PROGRAMS AND UNITED WAYS, WHICH WHEN ADDED TO
THE AMOUNT ALLOCATED TO FUNDED PROGRAMS CREATES A TOTAL COMMUNITY
INVESTMENT OF \$1,041,471.

MOST UWHC FUNDED PROGRAMS OFFER SERVICES TO ANY HENDERSON COUNTY
INDIVIDUAL (E.G. AMERICAN RED CROSS, BLUE RIDGE LITERACY COUNCIL, AND
ONTRACK FINANCIAL EDUCATION AND COUNSELING). HOWEVER, FOR 22 PARTNER
AGENCIES WITH PROGRAMS SUPPORTED BY UWHC, THE CLIENTS SERVED ARE
PRIMARILY LOW INCOME, MANY WITH INCOMES INSIDE THE FEDERAL POVERTY
LEVELS. FOR EXAMPLE, RESIDENTS WHO ARE UNINSURED, LOW INCOME (AT OR
BELOW 195% OF FPL) ARE THE PATIENTS SEEN AT THE FREE CLINICS DENTAL
EXTRACTION CLINIC. THIS IS TYPICAL FOR MANY OF THOSE SERVED BY UWHC
FUNDED PROGRAMS, WHETHER IT IS FOR HEALTH CARE NEEDS, PROGRAMS FOR AT
RISK YOUTH, OR EMERGENCY UTILITY OR FOOD ASSISTANCE. FOR A COMPLETE
LIST OF FUNDED PROGRAMS AND THE AMOUNT OF FUNDING EACH RECEIVED, PLEASE
VISIT UWHC'S WEBSITE AT WWW.LIVEUNITEDHC.ORG AND CLICK ON ABOUT US AND
THEN ON FUNDS DISTRIBUTION.

FORM 990, PART VI, SECTION B, LINE 11: ON OCTOBER 21ST, 2010, A COPY OF

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

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
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

HENDERSON COUNTY UNITED WAY, INC.

Employer identification number
56-0890133

THE 990 WAS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW. ON OCTOBER 28TH
2010, THE FINANCE COMMITTEE PRESENTED THE REVIEWED 990 TO THE ENTIRE BOARD,
WHICH WAS PRIOR TO THE FILING DATE. AFTER A QUESTIONS/ANSWERS PERIOD, THE
BOARD VOTED TO APPROVE THE 990 AS PRESENTED.

FORM 990, PART VI, SECTION B, LINE 12C: A NEW CONFLICT OF INTEREST
DOCUMENT IS PRESENTED TO EACH BOARD MEMBER AT THE TIME OF BOARD RENEWAL
EACH YEAR. IT IS COMPLETED BY AND SIGNED AND SUBMITTED BY CONTINUING BOARD
MEMBERS ALONG WITH THE NEW BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION FOLLOWS THE
PROCESS DESCRIBED IN TREASURY REGULATION 4958(6)(C) FOR ESTABLISHING THE
REBUTTABLE PRESUMPTION OF REASONABLENESS IN THE DETERMINATION OF THE
EXECUTIVE DIRECTOR'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE
ADMINISTRATIVE OFFICE. THE FORM 990 IS POSTED ON OUR WEBSITE, GUIDESTAR,
AND AVAILABLE UPON REQUEST.