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Form **990**

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

A For the 2010 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

F Name and address of principal officer JENNIE CONNOR
SAME AS C ABOVE

D Employer identification number
56-0774714

E Telephone number
828-327-6851

G Gross receipts $ 1,329,764.

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) ☐ 501(c) ( ) ◀ (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

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	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	6
6	Total number of volunteers (estimate if necessary)	6	495
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,454,339.	1,311,589.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,984.	16,328.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,215.	1,847.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,471,538.	1,329,764.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,232,317.	806,297.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	245,524.	270,408.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 122,055.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	113,305.	120,735.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,591,146.	1,197,440.
19	Revenue less expenses Subtract line 18 from line 12	<119,608.>	132,324.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,574,653.	2,782,215.
21	Total liabilities (Part X, line 26)	84,762.	141,440.
22	Net assets or fund balances Subtract line 21 from line 20	2,489,891.	2,640,775.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
FRANK F. WILLIAMS, CPA	FRANK F. WILLIAMS,	05/31/11	☐	

Firm's name ▶ MARTIN STARNES & ASSOCIATES, CPAS, P.A. Firm's EIN ▶

Firm's address ▶ 730 13TH AVENUE DR SE
HICKORY, NC 28602

Phone no. 828-327-2727

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9 16

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 463,233. including grants of $ 330,376.) (Revenue $)

CCUW PROVIDES FUNDING TO SUPPORT THE INCOME IMPACT AREA THROUGH SEVEN NONPROFIT AGENCIES IN THE CATAWBA COUNTY AREA INCLUDING ADULT LIFE PROGRAMS, CATAWBA COUNTY VOLUNTEER CENTER, CATAWBA VALLEY CHAPTER OF THE AMERICAN RED CROSS, EASTERN CATAWBA COOPERATIVE CHRISTIAN MINISTRY, EXODUS HOMES, FAMILY GUIDANCE CENTER, AND SALVATION ARMY. THESE AGENCIES PROVIDE EIGHT PROGRAMS THAT TARGET PROMOTING FINANCIAL STABILITY AND INDEPENDENCE. THESE PROGRAMS ASSIST TO PROVIDE FINANCIAL STABILITY, AFFORDABLE HOUSING, BASIC NEEDS SUCH AS FOOD AND UTILITIES, OLDER ADULT CARE, AND ACCESS TO A HEALTH AND HUMAN SERVICE DATABASE IN ORDER TO FIND LOCAL RESOURCES AVAILABLE. THIS FUNDING ASSISTED FAMILIES AND VICTIMS DURING THEIR TIME OF NEED BY AIDING THEM TO FIND LOCAL RESOURCES AVAILABLE TO 1,196 FAMILIES. FINANCIAL ASSISTANCE WAS

4b (Code) (Expenses $ 334,048. including grants of $ 287,093.) (Revenue $)

CCUW PROVIDES FUNDING TO SUPPORT THE HEALTH IMPACT AREA THROUGH FIVE PROGRAMS IN THREE NONPROFIT AGENCIES IN THE CATAWBA COUNTY AREA INCLUDING CATAWBA VALLEY CHAPTER OF THE AMERICAN RED CROSS, FAMILY GUIDANCE CENTER, AND RAPE CRISIS CENTER. THIS IMPACT AREA TARGETS IMPROVING PEOPLE'S HEALTH BY PROVIDING PREVENTATIVE HEALTH CARE, MENTAL HEALTH CARE, SAFE AND SECURE ENVIRONMENTS, OR CREATING HEALTHY LIFESTYLES FOR YOUTH AND ADULTS. THE FUNDING PROVIDED TO THESE AGENCIES ALLOWED THE AGENCIES TO IMPROVE THE GENERAL HEALTH OF INDIVIDUALS BY PROVIDING EDUCATIONAL OPPORTUNITIES TO 6,896 PEOPLE IN HEALTH AND SAFETY SERVICES INCLUDING FIRST AID, CPR, WATER SAFETY, LIFEGUARD TRAINING, AND OTHER VARIOUS CLASSES. 10,884 UNITS OF BLOOD WAS COLLECTED TO OFTEN BE USED IN LIFE-SAVING SITUATIONS. 2,188

4c (Code) (Expenses $ 218,744. including grants of $ 188,828.) (Revenue $)

CCUW PROVIDES FUNDING TO SUPPORT THE EDUCATION IMPACT AREA THROUGH SEVEN NONPROFIT AGENCIES IN THE CATAWBA COUNTY AREA INCLUDING CATAWBA COUNTY COUNCIL ON ADOLESCENTS, COMMUNITY RIDGE DAYCARE, GIRL SCOUTS, CAROLINAS PEAKS TO PIEDMONT, PARTNERSHIP FOR CHILDREN, PIEDMONT COUNCIL OF THE BOY SCOUTS OF AMERICA, SALVATION ARMY BOYS & GIRLS CLUB, SIPES ORCHARD HOME AND YMCA LOVE-N-CARE DAYCARE. THIS IMPACT AREA TARGETS HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL BY HELPING THEM BE READY TO ACHIEVE IN SCHOOL, ASSISTING IN ACADEMIC ACHIEVEMENT, AND PRODUCING PRODUCTIVE YOUNG ADULTS. THIS FUNDING ALLOWED 4,572 YOUTH TO PARTICIPATE IN PROGRAMS AIMED AT REDUCING RISKY BEHAVIORS AND IMPROVE SOCIAL BEHAVIORS. 5,555 BOYS AND GIRLS HAD THE OPPORTUNITY TO PARTICIPATE IN SCOUTING PROGRAMS INTEND TO DEVELOP SELF-ESTEEM,

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $ 82,994.) (Revenue $)

4e **Total program service expenses** ▶ 1,016,025.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	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? *If "Yes," complete Schedule D, Part VII*	11b		X
c	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? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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	2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
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)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		6a		X
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?		6b		
b	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).**				
a	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?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30		
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?		2		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?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	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*		9		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?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NC

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [X] Another's website [X] 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

Check if Schedule O contains a response to any question in this Part VII ☐

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

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
SEE ATTACHED								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 (describe hours for related organizations in Schedule O)	(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			
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

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

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

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

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

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	36,526.				
	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	1275063.				
	g Noncash contributions included in lines 1a-1f $						
	h **Total.** Add lines 1a-1f			1311589.			
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)			16,328.			16,328.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory						
	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	1,847.	1,847.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			1,847.			
	12 **Total revenue.** See instructions.			1329764.	1,847.	0.	16,328.

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	806,297.	806,297.		
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	121,011.	62,997.	20,139.	37,875.
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	88,619.	46,134.	14,748.	27,737.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	45,975.	25,801.	8,768.	11,406.
10 Payroll taxes	14,803.	7,668.	2,386.	4,749.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	6,000.	3,346.	1,087.	1,567.
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	7,560.	4,216.	1,370.	1,974.
17 Travel	2,503.	980.	245.	1,278.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	773.	63.	20.	690.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,622.	5,928.	1,936.	2,758.
23 Insurance	5,630.	3,140.	1,020.	1,470.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DUES AND LICENSES	19,317.	10,679.	3,457.	5,181.
b MISCELLANEOUS	18,577.	17,983.	225.	369.
c CAMPAIGN EXPENSES	17,567.			17,567.
d REPAIRS/MAINTENANCE	11,612.	5,728.	1,861.	4,023.
e TELEPHONE	10,657.	9,300.	556.	801.
f All other expenses	9,917.	5,765.	1,542.	2,610.
25 **Total functional expenses** Add lines 1 through 24f	1,197,440.	1,016,025.	59,360.	122,055.
26 **Joint costs** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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		1,555,802.	2	1,797,727.
	3	Pledges and grants receivable, net		976,658.	3	952,136.
	4	Accounts receivable, net		1,146.	4	1,927.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			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 66,134.	41,047.	10c	30,425.
	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)		2,574,653.	16	2,782,215.
Liabilities	17	Accounts payable and accrued expenses		2,262.	17	30,619.
	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		82,500.	25	110,821.
	26	**Total liabilities.** Add lines 17 through 25		84,762.	26	141,440.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,255,711.	27	1,306,230.
	28	Temporarily restricted net assets		954,174.	28	1,044,539.
	29	Permanently restricted net assets		280,006.	29	290,006.
		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		2,489,891.	33	2,640,775.
	34	Total liabilities and net assets/fund balances		2,574,653.	34	2,782,215.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,329,764.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,197,440.
3	Revenue less expenses Subtract line 2 from line 1	3	132,324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,489,891.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	18,560.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,640,775.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	2c	X	
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 separate basis, consolidated basis, or both [X] 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?	3a		X
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	3b		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	A family member of a person described in (i) above?		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

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

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,864,687.	1,691,447.	1,804,367.	1,454,339.	1,311,589.	8,126,429.
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	1,864,687.	1,691,447.	1,804,367.	1,454,339.	1,311,589.	8,126,429.
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						8,126,429.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,864,687.	1,691,447.	1,804,367.	1,454,339.	1,311,589.	8,126,429.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	73,493.	73,476.	31,068.	14,984.	16,328.	209,349.
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.	1,847.	8,594.
11 **Total support.** Add lines 7 through 10						8,344,372.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	97.39 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.18 %

16a **33 1/3% support test - 2010.** 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 - 2009.** 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 - 2010.** 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 - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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

2010

Open to Public Inspection

Name of the organization: CATAWBA COUNTY UNITED WAY INC

Employer identification number: 56-0774714

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

	(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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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	280,006.	232,228.	222,228.		
b	Contributions	10,000.	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	290,006.	280,006.	232,228.		

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

a Board designated or quasi-endowment ▶ 15.00 %
b Permanent endowment ▶ 85.00 %
c Term endowment ▶ _____ %

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

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI 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.	66,134.	30,425.
e	Other				
Total.	Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	30,425.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶		

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

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)	DESIGNATION TO OTHER AGENCIES	110,821.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		110,821.

2. FIN 48 (ASC 740) 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 (ASC 740)

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	1,329,764.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,197,440.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	132,324.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	18,560.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	18,560.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	150,884.

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	1,348,324.
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	18,560.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	18,560.
3	Subtract line 2e from line 1			3	1,329,764.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	1,329,764.

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

1	Total expenses and losses per audited financial statements			1	1,197,440.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,197,440.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	1,197,440.

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 V, LINE 4: THE DESIGNATED ENDOWMENT SHALL BE DEVOTED TO THE SUPPORT OF CATAWBA COUNTY UNITED WAY, INC. UNTIL SUCH TIME AS SUCH CHARITABLE USE, IN THE JUDGMENT OF THE UNITED WAY'S BOARD OF DIRECTORS, SHALL HAVE BECOME UNNECESSARY, UNDESIRABLE, IMPRACTICABLE, INCAPABLE OF FULFILLMENT, OR INCONSISTENT WITH THE CHARITABLE NEEDS OF THE COMMUNITY SERVED BY THE CATAWBA COUNTY UNITED WAY. IN ANY OF SUCH EVENTS, THE DESIGNATED ENDOWMENT SHALL BE REDIRECTED TO THE MOST SIMILAR CAUSE AS DETERMINED BY THE UNITED WAY'S BOARD OF DIRECTORS.

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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATAWBA COUNTY UNITED WAY INC

Employer identification number
56-0774714

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Part II can be duplicated 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
SEE ATTACHED			0.	0.			

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

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

032101 01-13-11

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 Part III can be duplicated 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 O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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 THREE SPECIFIC AREAS DETERMINED TO BE ESSENTIAL IN IMPROVING PEOPLES LIVES AND STRENGTHENING OUR COMMUNITY: 1) HEALTH, 2) INCOME, 3) EDUCATION

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

OUTCOMES IN THREE SPECIFIC AREAS DETERMINED TO BE ESSENTIAL IN IMPROVING PEOPLES LIVES AND STRENGTHENING OUR COMMUNITY: 1) HEALTH, 2) INCOME, 3) EDUCATION

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

OFFERED TO 56 FAMILIES AFTER HOUSE FIRES THAT PROVIDED IMMEDIATE TEMPORARY HOUSING, CLOTHING, AND OTHER BASIC NEED ITEMS LOST DUE TO THE FIRES. EDUCATION PROVIDED TO OVER 565 PEOPLE IN DISASTER PREPAREDNESS CLASSES TO TEACH THEM THE STEPS NECESSARY TO 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. SHELTER AND MEALS PROVIDED FOR 1,284 HOMELESS INDIVIDUALS OFFERING THEM A SAFE PLACE TO SLEEP ON COLD AND RAINY NIGHTS. THIS FUNDING HAS PROVIDED FUNDING FOR 228 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 NOT BE INSTITUTIONALIZED. 1,674 COUNSELING SESSIONS WERE

Name of the organization: CATAWBA COUNTY UNITED WAY INC

Employer identification number: 56-0774714

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. 116 HOMELESS RECOVERING ADDICTS, ALCOHOLICS, AND FORMERLY INCARCERATED INDIVIDUALS WERE PROVIDED A SAFE PLACE TO STAY THROUGH TRANSITIONAL HOUSING PROGRAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
INDIVIDUALS WERE ASSISTED DURING FOLLOWING A SEXUAL AND/OR DOMESTIC VIOLENCE SITUATION. THESE INDIVIDUALS RECEIVED SHELTER, MEDICAL/COURT ADVOCATES TO BE THERE WITH THEM THROUGH THEIR TRAUMATIC EXPERIENCE, COUNSELING IN ORDER TO AID THEM THROUGH RECOVERY AND ACCESS TO SUPPORT GROUPS TO HELP THEM UNDERSTAND THAT THEY ARE NOT ALONE IN THEIR STRUGGLE TO HEAL. 815 INDIVIDUALS RECEIVED INDIVIDUAL/FAMILY COUNSELING FOR VARIOUS SITUATIONS REGARDLESS OF THEIR ABILITY TO PAY FOR THE SERVICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CONFIDENCE, AND CHARACTER. 172 CHILDREN (INCLUDING 50 SPECIAL NEEDS CHILDREN) WERE PROVIDED OPPORTUNITIES TO PARTICIPATE IN QUALITY DAY CARE PROGRAMS AND ENABLED THEIR PARENTS TO WORK WITHOUT WORRYING IF THEIR CHILDREN WERE SAFE. 1,147 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.

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

Name of the organization: CATAWBA COUNTY UNITED WAY INC

Employer identification number: 56-0774714

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 $ 82,994. 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 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

Name of the organization: CATAWBA COUNTY UNITED WAY INC

Employer identification number: 56-0774714

STATEMENTS, COPIES OF OTHER GOVERNING DOCUMENTS, AND OUR CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

DONATED SERVICES AND USE OF FACILITIES: 18,560.

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

Schedule I - 2010
(Form 990)

Adult Life Programs Post Office Box 807 Hickory, NC 28603	58-1509463	501 (C) 3	$43,623.00	Adult day care and adult day health services for individuals in Catawba County
Boy Scouts America, Piedmont Council P.O. Box 1059 Gastonia, NC 28053	56-0529991	501 (C) 3	$20,028.00	Scouting programs for area boys
Community Ridge Day Care P.O. Box 1322 Hickory, NC 28603	58-1313038	501 (C) 3	$22,175.00	Childcare
Catawba County Council on Adolescents 1120 Fairgrove Church Road SE, #22 Hickory, NC 28602	56-1495483	501 (C) 3	$26,026.00	In-School Prevention, outreach, & lifeskills programs
Eastern Catawba Cooperative Christian Ministry Post Office Box 31 Newton, NC 28658	56-0946753	501 (C) 3	$42,333.00	Crisis Assistance
Exodus Homes Post Office Box 3311 Hickory, NC 28603	56-2109492	501 (C) 3	$35,099.00	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	$280,061.00	First Step Domestic Violence, Consumer Credit & Individual/Family Counseling
Girl Scouts of the Catawba Valley Area 530 4th Street SW Hickory, NC 28602	56-0529942	501 (C) 3	$16,118.00	Various scouting activities & programs

Schedule I - 2010
(Form 990)

Catawba County Partnership for Children Post Office Box 3123 Hickory, NC 28603	58-2139195	501 (C) 3	$34,831.00	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	$30,000.00	Victim Advocate's program
Catawba Valley Chapter, American Red Cross Post Office Box 1329 Hickory, NC 28603	56-6000033	501 (C) 3	$84,019.00	Emergency services, community services, & community education classes
The Salvation Army P.O. Box 1167 Hickory, NC 28603	13-5562351	501 (C) 3	$76,107.00	Crisis assistance and homeless shelter
The Salvation Army Boys & Girls Club P.O. Box 1167 Hickory, NC 28603	13-5562351	501 (C) 3	$58,797.00	after-school & summer programs
Sipe's Orchard Home 4431 County Home Road Conover, NC 28613	56-0547524	501 (C) 3	$5,000.00	Tyndall Day Treatment program & Tyndall-Odom Pre-school and After School Program
YMCA of Catawba Valley, Inc. 1375 Lenoir Rhyne Blvd SE- Ste 202 Hickory, NC 28602	56-0928743	501 (C) 3	$26,227.00	Love-n-Care Daycare program
Burke County United Way 301 East Meeting Street Morganton, NC 28655-3577	56-0929553	501 (C) 3	$10,674.86	Donor designations
High County United Way PO Box 247 Boone, NC 28607-0247	56-1218079	501 (C) 3	$702.27	Donor designations
McDowell County United Way PO Box 1563 Marion, NC 28752	56-0797948	501 (C) 3	$1,238.15	Donor designations

Rowan County United Way PO Box 5065 Salisbury, NC 28147	56-0642828	501 (C) 3	$367.25	Donor designations
Twin County United Way PO Box 300 Galax, VA 24333	23-7428606	501 (C) 3	$124.59	Donor designations
United Way of Alexander County PO Box 232 Taylorsville, NC 28681-0232	23-7167537	501 (C) 3	$11,911.00	Donor designations
United Way of Asheville-Buncombe 50 South French Broad Avenue Asheville, NC 28801-3271	56-0576157	501 (C) 3	$8,308.99	Donor designations
United Way of Caldwell County PO Box 1316 Lenoir, NC 28645-1316	56-6067038	501 (C) 3	$21,359.36	Donor designations
United Way of Central Carolinas PO Box 601942 Charlotte, NC 28260-1942	56-0529948	501 (C) 3	$7,798.32	Donor designations
United Way of Cherokee and Clay Counties PO Box 1658 Murphy, NC 28906	56-1421000	501 (C) 3	$660.13	Donor designations
United Way of Cleveland County PO Box 2242 Shelby, NC 28151	56-6030073	501 (C) 3	$916.00	Donor designations
United Way of Cumberland County PO Box 303 Fayetteville, NC 28302-0303	56-0564342	501 (C) 3	$240.24	Donor designations
United Way of Forsyth County 301 North Main Street-Suite 1700 Winston-Salem, NC 27101	23-7357234	501 (C) 3	$391.40	Donor designations

Schedule I - 2010
(Form 990)

United Way of Gaston County PO Box 2597 Gastonia, NC 28053-2597	56-0653356	501 (C) 3	$3,979.53	Donor designations
United Way of Gibson County PO Box 235 Princeton, IN 47670-0235	35-1418618	501 (C) 3	$10.25	Donor designations
United Way of Greater Greensboro PO Box 14998 Greensboro, NC 27415-4998	56-0668555	501 (C) 3	$122.55	Donor designations
United Way of Greenville County 105 Edinburgh Court Greenville, SC 29607-2529	57-0362066	501 (C) 3	$131.58	Donor designations
United Way of Haywood County PO Box 1139 Waynesville, NC 28786	23-7112548	501 (C) 3	$165.03	Donor designations
United Way of Henderson County PO Box 487 Hendersonville, NC 28793-0487	56-0890133	501 (C) 3	$354.93	Donor designations
United Way of Iredell County 1835 Davie Avenue - Ste 401 Statesville, NC 28677-3578	56-0792674	501 (C) 3	$5,412.50	Donor designations
United Way of Lincoln County PO Box 234 Lincolnton, NC 28093-0234	23-7125926	501 (C) 3	$5,960.15	Donor designations
United Way of Montgomery, Radford & Floyd PO Box 6202 Christiansburg, VA 24068-6202	54-0739250	501 (C) 3	$12.08	Donor designations
United Way of Oconee County 409 E North 1st Street - Ste A Seneca, SC 29678-2768	57-0479292	501 (C) 3	$30.76	Donor designations

Schedule I - 2010
(Form 990)

United Way of Southern Tier 300 Nasser Civic Ctr Plaza-Ste 220 Corning, NY 14830-2832	16-1451041	501 (C) 3	$175.23	Donor designations
United Way of Stanly County PO Box 1178 Albemarle, NC 28002	56-0841588	501 (C) 3	$407.84	Donor designations
United Way of Wilkes County 910 C Street North Wilkesboro, NC 28659-4145	56-0942846	501 (C) 3	$805.20	Donor designations

(A) Name	(B) Breakdown of w-2 and/or 1099 MISC Compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Guy Guarino, Board Member 1 hr week	.00	.00	.00	00	.00	.00	00
Clark Kinlin, Board Member 1 hr week	.00	00	00	.00	00	.00	.00
Bill Linquist, Board Member 1 hr week	.00	.00	.00	00	.00	.00	.00
Dr. Tim Markley, Board Member 1 hr week	00	.00	.00	.00	.00	.00	00
Michael Blackburn, Board Member 1 hr week	00	00	.00	.00	.00	.00	.00
John Eller, Board Member 1 hr week	.00	.00	.00	00	.00	00	.00
John Isenhour, Board Member 1 hr week	.00	.00	.00	00	00	00	00
Jonathan Kirtley, Board Member 1 hr week	00	00	.00	.00	00	00	.00
Eric Millsaps, Board Member 1 hr week	00	.00	.00	00	.00	.00	.00
Julie Pruett, Board Member 1 hr week	.00	.00	.00	00	00	.00	00
Dr. Barry Redmond, Board Member 1 hr week	.00	00	.00	.00	00	.00	00
Pete Spuller, Board Member 1 hr week	.00	.00	00	00	.00	.00	.00
Mick Berry, Board Member 1 hr week	.00	.00	.00	00	.00	.00	.00
Sammy Burnett, Board Member 1 hr week	.00	.00	.00	.00	.00	.00	00
Joy Evans, Board Member 1 hr week	.00	.00	00	00	.00	.00	00
Bill Cable, Board Member 1 hr week	.00	.00	.00	00	00	00	.00

(A) Name	(B) Breakdown of w-2 and/or 1099 MISC Compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Joanie Gardner, Board Member 1 hr week	.00	00	.00	.00	.00	.00	.00
Dr. Garrett Hinshaw, Board Member 1 hr week	.00	00	.00	.00	.00	.00	.00
Aleyda Holcombe, Board Member 1 hr week	.00	.00	.00	.00	.00	.00	00
Dennis Hurst, Board Member 1 hr week	.00	.00	.00	.00	.00	.00	00
Michael Rink, Board Member 1 hr week	.00	.00	.00	00	00	.00	.00
Jennie Connor, Executive Director 40 hrs week	55,619.84	.00	.00	3,839.36	8,035 94	67,495.14	64,770.00
Tammy Dotson, Director, Finance/Administration 40 hrs week	46,349.70	.00	.00	3,244 48	5,293 94	54,888.12	54,429.00
Rodney Miller, Past President 1 hr week	.00	00	00	.00	.00	.00	.00
John Smith, President 1 hr week	00	00	.00	00	.00	.00	.00
Larry Aiello, Vice President 1 hr week	.00	00	00	00	.00	00	.00
Stephen Ellis, Treasurer 1 hr week	00	.00	.00	.00	00	.00	.00
Tim Larson, Campaign Chair 1 hr week	00	.00	.00	.00	00	.00	.00
Susan Allshouse, Board Member 1 hr week	00	00	.00	.00	00	.00	.00
Phil Armstrong, Board Member 1 hr week	00	.00	.00	.00	.00	.00	00
Michael Durham, Board Member 1 hr week	00	00	.00	00	00	.00	.00
Brian George, Board Member 1 hr week	.00	00	00	.00	00	.00	.00

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	CATAWBA COUNTY UNITED WAY INC	56-0774714
	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	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above The extension is for the organization's return for.
▶ [X] calendar year 2010 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 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	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

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