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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection Employer Identification number

	nited Way	of Graha	m County, II	<u>nc.</u>					<u>63488</u>	
Pai			rity Status (Áll orga						nstructio	ns
			tion because it is: (Fo							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		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 organizatio	n organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
5		on operated for the benefit of a college or university owned or operated by a governmental unit described in (1)(A)(iv). (Complete Part II.)								
6	The state of the s									
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 organizatio	n that normally	receives. (1) more that	an 331/3%	of its su	upport fro	om contri	butions,	members	hip fees, and gross
	receipts from	activities related	to its exempt funct	ions—sul	oject to d	certain e	xceptions	s, and (2)	no more	than 331/3% of its
			nt income and unre						n 511 ta	x) from businesses
	acquired by th	ie organization a	fter June 30, 1975 Se	ee sectio	n 509(a)(2). (Com	plete Par	t III.)		
10	-	•	operated exclusively		•				•	
11			nd operated exclusive							
			olicly supported organ							
			describes the type of	_	-		•		1e throug	gh 11h
	a 🗆 Type		. 11				integrate		d [☐ Type III–Other
е	By checking the	his box, I certify	that the organization	is not co	ntrolled c	lirectly or	r indirectl	y by one	or more	disqualified persons
	other than fou	ngation manage	ers and other than one	e or more	publicly	support	ed organ	izations c	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									
1	organization	ation received a	a written determination	on from	the IRS	that it is	a Type	i, Type i	II, or Typ	e III supporting
9	organization, or	check this box 17, 2006, has t								e III supporting
	organization, or	check this box 17, 2006, has toons?	he organization accep	oted any	gift or co	ontributio	on from a	 iny of the		
	organization, or	check this box 1 17, 2006, has to ons? who directly or it	he organization accep	oted any	gift or co	ontributio	on from a	 iny of the		
	organization, of Since August following pers (i) A person of (ii) below,	check this box 17, 2006, has to ons? who directly or in the governing both the governing	he organization accep ndirectly controls, eithody of the supported of	oted any her alone organizat	gift or co	ontributio	on from a	 iny of the		
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ę	organization, of Since August following pers (i) A person of (ii) below, (ii) A family m (iii) A 35% con	check this box 17, 2006, has tons? who directly or ithe governing be ember of a persintrolled entity of	he organization acception acceptance acception acceptance acceptance acception acceptance acc	oted any her alone organizat ove? n (i) or (ii) i	gift or control or toget ion?.	ontribution ther with	on from a	 iny of the		
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(A) (B)	organization, of Since August following pers (i) A person of (ii) below, (ii) A family material (iii) A 35% continuous formula	check this box 17, 2006, has tons? who directly or ithe governing be ember of a persintrolled entity of llowing information	he organization acception of the supported on described in (i) about the support (fill Type of organization described on lines 1-3 above or IRC section	her alone organizat ove? (i) or (ii) a ed organi in oil (i) is governing	gift or co	the organical (i)	persons of roury nization in of your port?	described	d in (ii) ar	11g(i) X 11g(ii) X 11g(iii) X (Vii) Amount of
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Schoduk	a A (Form 990 or 990-EZ) 2010				86-06348	88	Page 2
Part		tions Descr	bed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi))
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	ılıfy under
4/14	Tait in the organization take to	qualify unde	r the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	7 1 0000	(1) 0007	(-) 0000	(4) 2000	(a) 2010	(f) Total
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not include any "unusual grants ")						
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 .					ļ	
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.	\		 	 - ` ` ; 	+	
Sect	on B. Total Support	<u> </u>	<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10	1					
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		nd, third, fourt	h, or fifth tax y	ear as a sectio	n 501(c)(3)
	ion C. Computation of Public Suppo					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2010 (line			Τ΄, φοιματία (ἢ)		14	%
15 16a	Public support percentage from 2009 Sc			v on line 12 am	, , d l	15	%
IVa	331/3% support test—2010. If the organization quality and stop here. The organization quality	alifies as a nub	check the bo	t on line 13, ar	id line 14 is 33	73% or more, c	neck this
b		nization did n	ot check a bo	x on line 13 c	or 16a, and line ganization	e 15 is 33½%	or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the " organization	010. If the org	anization did r -and-circumst	not check a bo ances" test, ch	x on line 13, 16 neck this box a	nd stop here. E	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part IV how the organization in supported organization	ition meets th	e "facts-and-d	circumstances'	" test, check t	his box and st	op here

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

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	on A. Public Support	<u> </u>		<u> </u>			
	dar 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	13,914	19,048	12,740	21,317	151,827	218,846
2	received (Do not include any "unusual grants") 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	1					
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	13,914	19,048	12,740	21,317	151,827	218,846
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						
8 8	Add lines 7a and 7b		,		, ,	V	218,846
Sect	on B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents,	13,914 534			21,317		218,846 967
b	royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						·
С	Add lines 10a and 10b	14,448	19,438	12,773	21,327	151,832	219 813
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						2.3.3.10
12	Other income Do not include gain or loss from the sale or capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	14,448	ŀ	1	•	1 !	219,813
14	First five years. If the Form 990 is for the organization, check this box and stop he	ere		nd, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	ion C. Computation of Public Suppo						
15	Public support percentage for 2010 (line			13, column (f))		15	100 %
16 Sect	Public support percentage from 2009 Scion D. Computation of Investment In	hedule A, Part Icome Perce	III, line 15 entage		- '	16	100 %
17	Investment income percentage for 2010			•	mn (f))	17	100 %
18	Investment income percentage from 200					18	100 %
19a	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organizati	on 🕨 🔽
b	line 18 is not more than 331/3%, check this	box and stop I	h ere. The organ	nization qualifies	s as a publicly s	supported organ	331/3%, and ization ► □
20	Private foundation. If the organization of						

· SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection Employer identification number

United Way of Graham County, Inc	86-0634888					
Part VI - Line 11 B. The board members diligently considered the filing of Form 990, while jointly prep	paring it. The Board concluded that it					
was satisfied with the quality of the information submitted and that it is a report of this years accurate activities, income and expense						
,						
Line 19 The public may contact our office through our website www UW of Graham County org, e-m	ail or phone. Our office is available					
Monday-Friday, 9AM - 12 PM						
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