



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



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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF ALAMANCE COUNTY, INC.		D Employer identification number 56-0599239
	Doing Business As		E Telephone number 336-438-2000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	PO BOX 1268		G Gross receipts \$ 1697980.
	City, town, or post office, state, and ZIP code BURLINGTON, NC 27216-1268		
F Name and address of principal officer RONNIE WALL SAME AS C ABOVE			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: UWALAMANCE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1953 M State of legal domicile: NC

Part I Summary

Activity & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	40	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	40	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	8	
	6 Total number of volunteers (estimate if necessary)	483	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	0.	
	Revenue	RECEIVED	DEC 04 2013
		8 Contributions and grants (Part VIII, line 1h)	1449897.
9 Program service revenue (Part VIII, line 2g)		0.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18737.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68048.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1536682.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		878579.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		268257.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	
Expenses	b Total fundraising expenses (Part IX, column (D), line 25)	69086.	
	17 Other expenses (Part IX, column (A), lines 11a-14d, 14f-24e)	210408.	
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1357244.	
	19 Revenue less expenses - Subtract line 18 from line 12	179438.	
	OGDEN, UT		
	20 Total assets (Part X, line 16)	2543635.	
	21 Total liabilities (Part X, line 26)	469257.	
	22 Net assets or fund balances - Subtract line 21 from line 20	2074378.	
	Beginning of Current Year		
	2215838.		
Net Assets or Fund Balances	End of Year		
	3059011.		
	843173.		
	2215838.		

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 12/5/13
	RONNIE WALL, PRESIDENT Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name DAVID W JOHNSON, CPA	Preparer's signature
	Firm's name APPLE, BELL, JOHNSON & CO., PA	Firm's EIN 56-1234305
	Firm's address P. O. DRAWER 2858 BURLINGTON, NC 27216-2858	Phone no. (336) 227-2022

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

an 13

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

SEE SCHEDULE O.

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

☐ Yes ☒ No

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

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

☒ Yes ☐ No

If "Yes," describe these changes on Schedule O

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 915507. including grants of \$ 915507.) (Revenue \$ _____)UNITED WAY PROVIDED GRANT FUNDS FOR SERVICES TO ALAMANCE COUNTY RESIDENTS. ACHIEVEMENTS INCLUDE:-100% OF GRADUATES IN THE EMPOWERING COMMUNITIES THROUGH SELF-EMPLOYMENT PROGRAM INCREASED THEIR FINANCIAL LITERACY-239 PARENTS AND CHILDREN PARTICIPATED IN THE INCREDIBLE YEARS PROGRAM WITH 83% OF PARENTS REPORTING AN INCREASE IN THEIR CHILD'S SOCIAL AND EMOTIONAL COMPETENCE-400 PEOPLE RECEIVED ONE ON ONE COUNSELING TO ASSIST WITH CHOOSING A MEDICARE D PLAN FROM A SHIPP COUNSELOR-574 DOMESTIC VIOLENCE CLIENTS WERE ACCOMPANIED TO CIVIL AND CRIMINAL COURT-649 UNIQUE STAYS OCCURRED AT THE ALLIED CHURCHES HOMELESS SHELTER WITH**4b** (Code _____) (Expenses \$ 139037. including grants of \$ _____) (Revenue \$ _____)COMMUNITY SERVICES - UNITED WAY LEADS THE PROCESS FOR IDENTIFYING HUMAN SERVICE NEEDS IN ALAMANCE COUNTY AND DEPLOYS FINANCIAL SUPPORT TO ADDRESS THOSE NEEDS THROUGH A COMMUNITY NEEDS ASSESSMENT AND COMMUNITY IMPACT COMMITTEE.**4c** (Code _____) (Expenses \$ 7347. including grants of \$ 7347.) (Revenue \$ _____)UNITED WAY COORDINATES: 2-1-1 CALL SYSTEM TO PROVIDE INFORMATION AND REFERRAL TO COMMUNITY RESIDENTS; MAKE A DIFFERENCE DAY TO PROVIDE VOLUNTEER OPPORTUNITIES TO RESIDENTS THAT ASSIST LOCAL NONPROFITS; HABITAT BUILD BLITZ WORKS WITH CORPORATE SPONSORS AND VOLUNTEERS TO BUILD A HOUSE IN 10 DAYS; MONITORS AND DISTRIBUTES EMERGENCY FOOD AND SHELTER FUNDS AND DUKE ENERGY FUNDS TO LOCAL AGENCIES; PROVIDES EDUCATIONAL OPPORTUNITIES AND NETWORKING TO NONPROFITS THROUGH COMMUNITY COUNCIL.

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

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

4e Total program service expenses 1061891.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	6		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	8		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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 as charitable contributions?			X
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?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year.			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12.			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
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? 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.			
c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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

☒**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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	40	
b Enter the number of voting members included in line 1a, above, who are independent	40	
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?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
RONNIE WALL, PRESIDENT - 336-438-2000
803 HERMITAGE ROAD, BURLINGTON, NC 27215

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) MARTI ASHER DIRECTOR	1.00	X						0.	0.	0.
(2) JERRY BAILEY CHAIR	1.00	X		X				0.	0.	0.
(3) LUMMY BARNES DIRECTOR	1.00	X						0.	0.	0.
(4) JOHN BESHEL DIRECTOR	1.00	X						0.	0.	0.
(5) EDDIE BOSWELL DIRECTOR	1.00	X						0.	0.	0.
(6) KIM BUTLER DIRECTOR	1.00	X						0.	0.	0.
(7) TERRY CALDWELL DIRECTOR	1.00	X						0.	0.	0.
(8) CHRIS CLEMMONS PAST CHAIR	1.00	X		X				0.	0.	0.
(9) ELIZABETH COBLE DIRECTOR	1.00	X						0.	0.	0.
(10) JASON COPLAND FUND DEVELOPMENT CHAIR	1.00	X		X				0.	0.	0.
(11) RUSTY COX DIRECTOR	1.00	X						0.	0.	0.
(12) PAM DUFFY CAMPAIGN CHAIR	1.00	X		X				0.	0.	0.
(13) LINDA ELLINGTON COMMUNITY IMPACT VICE CHAI	1.00	X		X				0.	0.	0.
(14) CHRIS FAIRCLOTH DIRECTOR	1.00	X						0.	0.	0.
(15) RON FARRIS DIRECTOR	1.00	X						0.	0.	0.
(16) CELO FAUCETTE DIRECTOR	1.00	X						0.	0.	0.
(17) JENNY FAULKNER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) PETER FELTEN DIRECTOR	1.00	X						0.	0.	0.
(19) BILL GOMORY SECRETARY	1.00	X		X				0.	0.	0.
(20) MARCY GREEN DIRECTOR	1.00	X						0.	0.	0.
(21) MATT HUNEYCUTT ASST. TREASURER	1.00	X		X				0.	0.	0.
(22) SAM HUNT, IV DIRECTOR	1.00	X						0.	0.	0.
(23) DARYL INGOLD DIRECTOR	1.00	X						0.	0.	0.
(24) DAVID JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(25) PAM JORDAN DIRECTOR	1.00	X						0.	0.	0.
(26) JACK LINDLEY DIRECTOR EMERITUS	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								110140.	0.	0.
d Total (add lines 1b and 1c)								110140.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such person</i> | | 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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) BECKY LOY DIRECTOR	1.00	X						0.	0.	0.
(28) PAUL MAUNEY DIRECTOR	1.00	X						0.	0.	0.
(29) GRIFFIN MCCLURE DIRECTOR	1.00	X						0.	0.	0.
(30) JOHN MCDONALD DIRECTOR	1.00	X						0.	0.	0.
(31) TOM MCGOWEN DIRECTOR	1.00	X						0.	0.	0.
(32) CINDY MONTGOMERY DIRECTOR	1.00	X						0.	0.	0.
(33) DAVID MOORE DIRECTOR	1.00	X						0.	0.	0.
(34) ED PARRISH TREASURER	1.00	X		X				0.	0.	0.
(35) PATTY PHILIPPS CAMPAIGN CHAIR ELECT	1.00	X		X				0.	0.	0.
(36) NIKKI RATLIFF COMMUNITY COUNCIL PRESIDE	1.00	X		X				0.	0.	0.
(37) ANN RAYCROFT DIRECTOR	1.00	X						0.	0.	0.
(38) MEREDITH SELF DIRECTOR	1.00	X						0.	0.	0.
(39) RENEE WARD COMMUNITY IMPACT CHAIR	1.00	X		X				0.	0.	0.
(40) PATTY WELBORN ASST SECRETARY	1.00	X		X				0.	0.	0.
(41) RONNIE WALL PRESIDENT	40.00			X				70464.	0.	0.
(42) SUSAN MEISENBACH DIRECTOR OF FINANCE/ADM	40.00			X				39676.	0.	0.
Total to Part VII, Section A, line 1c								110140.		

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1423824.				
	g Noncash contributions included in lines 1a-1f \$		105531.				
	h Total. Add lines 1a-1f			1423824.			
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)			22480.			22480.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less. rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses	105177.					
	c Gain or (loss)	105530.					
	d Net gain or (loss)	<353.>					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	112374.				
	b Less: direct expenses	b	56451.				
	c Net income or (loss) from fundraising events		55923.				
	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 OTHER RECEIPTS			11489.	11489.			
b MANAGEMENT REVENUE			11323.	11323.			
c MEETINGS & LUNCHEONS I			11313.	11313.			
d All other revenue							
e Total. Add lines 11a-11d				34125.			
12 Total revenue. See instructions.				1535999.	34125.	0.	78050.

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)

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

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 United States. See Part IV, line 21	922854.	922854.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	110140.	36346.	40752.	33042.
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	131881.	36260.	48796.	46825.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14536.	4602.	5675.	4259.
9 Other employee benefits	33750.	9892.	12192.	11666.
10 Payroll taxes	28940.	8682.	10708.	9550.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	20000.	6000.	7400.	6600.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	13963.	4189.	5145.	4629.
12 Advertising and promotion	817.		817.	
13 Office expenses	3414.	1022.	1264.	1128.
14 Information technology	17687.	5291.	6546.	5850.
15 Royalties				
16 Occupancy	5234.	1570.	1937.	1727.
17 Travel	3335.	1006.	1231.	1098.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8827.	2385.	3816.	2626.
20 Interest				
21 Payments to affiliates	19903.	5618.	7421.	6864.
22 Depreciation, depletion, and amortization	9537.	2861.	3529.	3147.
23 Insurance	7518.	1601.	4227.	1690.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INVESTMENT FEES	9021.		9021.	
b CAMPAIGN SUPPLIES	8005.			8005.
c POSTAGE & SHIPPING	2831.		2831.	
d POSTAGE & SHIPPING	2338.			2338.
e All other expenses	32157.	11712.	11403.	9042.
25 Total functional expenses. Add lines 1 through 24e	1406688.	1061891.	184711.	160086.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1129167.	2	1571468.
	3 Pledges and grants receivable, net	499900.	3	506098.
	4 Accounts receivable, net	1099.	4	1599.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	484.	9	0.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 301569.		
	b Less: accumulated depreciation	10b 168169.	10c	133400.
	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	594940.	13	654079.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	175109.	15	192367.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2543635.	16	3059011.	
Liabilities	17 Accounts payable and accrued expenses	191369.	17	239498.
	18 Grants payable		18	
	19 Deferred revenue	27.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	277861.	25	603675.
	26 Total liabilities. Add lines 17 through 25	469257.	26	843173.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1387772.	27	1566260.
	28 Temporarily restricted net assets	511497.	28	457211.
	29 Permanently restricted net assets	175109.	29	192367.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2074378.	33	2215838.
	34 Total liabilities and net assets/fund balances	2543635.	34	3059011.

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1535999.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1406688.
3	Revenue less expenses Subtract line 2 from line 1	3	129311.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2074378.
5	Net unrealized gains (losses) on investments	5	89647.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	16143.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<93641.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2215838.

Part XII Financial Statements and Reporting

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

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

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

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

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

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

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

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

- 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.

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

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

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

Form 990 (2012)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

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, association, 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 - Non-functionally integrated

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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

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

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

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

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1477656.	1714201.	2108713.	1449898.	1136730.	7887198.
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	1477656.	1714201.	2108713.	1449898.	1136730.	7887198.
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						7887198.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1477656.	1714201.	2108713.	1449898.	1136730.	7887198.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14677.	18666.	23059.	18737.	22127.	97266.
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)	73659.	41919.	25113.	37068.	34125.	211884.
11 Total support. Add lines 7 through 10						8196348.
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	96.23	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	96.41	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
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 ► <input type="checkbox"/>			

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2012. 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 - 2011. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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 XIII, 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 XIII, 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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

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 XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐**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	594940.	640266.	491612.	426866.	
b Contributions			50000.		404518.
c Net investment earnings, gains, and losses	92194.	<14634.>	126007.	70901.	24215.
d Grants or scholarships	24035.	22197.	19850.		
e Other expenditures for facilities and programs					
f Administrative expenses	9020.	8495.	7503.	6155.	1867.
g End of year balance	654079.	594940.	640266.	491612.	426866.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	35000.			35000.
b Buildings	146606.		60932.	85674.
c Leasehold improvements				
d Equipment	119963.		107237.	12726.
e Other				0.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				133400.

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) ENDOWMENT-FACILITIES	464852.	END-OF-YEAR MARKET VALUE
(2) ENDOWMENT-GENERAL	189227.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		654079.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERETS IN PERPETUAL TR	192367.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	192367.

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

1.	(a) Description of liability	(b) Book value
	(1) Federal income taxes	
	(2) MAKE A DIFFERENCE DAY	9833.
	(3) RESOURCE DIRECTORY	1692.
	(4) DISASTER FUNDS	294641.
	(5) WACHOVIA - HEATING FUND	297509.
	(6)	
	(7)	
	(8)	
	(9)	
	(10)	
	(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		603675.

2. FIN 48 (ASC 740) Footnote In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements	1	1100332.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	89647.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	89647.
3	Subtract line 2e from line 1	3	1010685.
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 XIII)	4b	525314.
c	Add lines 4a and 4b	4c	525314.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1535999.

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

1	Total expenses and losses per audited financial statements	1	975015.
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	975015.
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 XIII)	4b	431673.
c	Add lines 4a and 4b	4c	431673.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1406688.

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

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

GO TOWARDS ADDRESSING HUMAN SERVICE NEEDS. THE FUND WILL PROVIDE ANNUAL

DISTRIBUTIONS TO THE ORGANIZATION FOR THE OPERATING FUND OR PRESSING

COMMUNITY NEEDS. IT IS THE INTENT OF THE UW TO PRESERVE AS MUCH OF THE

PRINCIPAL OF THE FUND AS POSSIBLE WHILE MAINTAINING THE FLEXIBILITY OF THE

UW TO UTILIZE THE PRINCIPAL IN EXTRAORDINARY SITUATIONS IN ORDER TO

FULFILL ITS MISSION.

Part XIII Supplemental Information (continued)

PART X, LINE 2: ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES:

THE FASB ACCOUNTING STANDARDS CODIFICATION PROVIDES FOR RECOGNITION, MEASUREMENT, PRESENTATION, AND DISCLOSURE RELATING TO UNCERTAIN TAX POSITIONS. MANAGEMENT IS UNAWARE OF ANY UNCERTAIN INCOME TAX POSITIONS REFLECTED IN THESE FINANCIAL STATEMENTS THAT REQUIRE DISCLOSURE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATED CONTRIBUTIONS	520724.
RECLASSIFICATION	4590.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	525314.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS PAID	427083.
RECLASSIFICATION	4590.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	431673.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue		OYSTER ROAST	CASINO NIGHT	2	
		(event type)	(event type)	(total number)	
	1 Gross receipts	60480.	28098.	22795.	111373.
	2 Less: Contributions				
Direct Expenses	3 Gross income (line 1 minus line 2)	60480.	28098.	22795.	111373.
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	19600.	10145.	23145.	52890.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(52890)
11 Net income summary. Combine line 3, column (d), and line 10					58483.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain. _____

- | | | | | | | | |
|--|---|------------|--|---|------------|--|---|
| <p>11 Does the organization operate gaming activities with nonmembers?</p> <p>12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?</p> <p>13 Indicate the percentage of gaming activity operated in.</p> <p style="padding-left: 20px;">a The organization's facility</p> <p style="padding-left: 20px;">b An outside facility</p> <p>14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:</p> | <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: center;">%</td> </tr> </table> | 13a | | % | 13b | | % |
| 13a | | % | | | | | |
| 13b | | % | | | | | |

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party:

Name 

Address

16 Gaming manager information

Name 

Gaming manager compensation ► \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number
56-0599239

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that 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
ALAMANCE COUNTY COMMUNITY YMCA 1346 S. MAIN STREET BURLINGTON, NC 27215	56-0611575	501(C)(3)	22259.	0.			COMMUNITY SUPPORT
ALAMANCE COUNTY DISPUTE SETTLEMENT CENTER - P.O. BOX 524 - GRAHAM, NC 27253	58-1550938	501(C)(3)	12668.	0.			COMMUNITY SUPPORT
ALAMANCE COUNTY MEALS ON WHEELS 508 W. DAVIS STREET BURLINGTON, NC 27215	56-1061980	501(C)(3)	40280.	0.			COMMUNITY SUPPORT
ALAMANCE ELDERCARE P.O. BOX 202 BURLINGTON, NC 27216	56-1836540	501(C)(3)	16709.	0.			COMMUNITY SUPPORT
ALAMANCE PARTNERSHIP FOR CHILDREN 2322 RIVER RD. BURLINGTON, NC 27217	56-1884459	501(C)(3)	10135.	0.			COMMUNITY SUPPORT
ALAMAP OF ARMC P.O. BOX 202 BURLINGTON, NC 27216	56-0529994	501(C)(3)	20777.	0.			COMMUNITY SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

42.

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIED CHURCHES 3057 S CHURCH STREET BURLINGTON, NC 27215	56-1553388	501(C)(3)	29485.	0.			COMMUNITY SUPPORT
AMERICAN RED CROSS P.O. BOX 875 BURLINGTON, NC 27216	56-6000021	501(C)(3)	9694.	0.			COMMUNITY SUPPORT
BURLINGTON HOUSING AUTHORITY P.O. BOX 2380 BURLINGTON, NC 27216	56-1878125	501(C)(3)	7578.	0.			COMMUNITY SUPPORT
BURLINGTON SENIOR ADULT LEISURE SERVICES - P.O. BOX 1358 - BURLINGTON, NC 27216	56-6001189	501(C)(3)	5550.	0.			COMMUNITY SUPPORT
CENTRO LA COMUNIDAD P.O. BOX 2061 BURLINGTON, NC 27216	56-0529943	501(C)(3)	13758.	0.			COMMUNITY SUPPORT
CHRISTIAN COUNSELING CENTER 142 S. LEXINGTON AVENUE BURLINGTON, NC 27215	58-1339729	501(C)(3)	12001.	0.			COMMUNITY SUPPORT
CONSUMER CREDIT COUNSELING SERVICE 236 N. MEBANE ST., SUITE 130 BURLINGTON, NC 27217	56-2061741	501(C)(3)	13175.	0.			COMMUNITY SUPPORT
CROSSROADS: SEXUAL ASSAULT RESPONSE & RESOURCE CENTER - P.O. BOX 673 - BURLINGTON, NC 27216	56-1550998	501(C)(3)	19051.	0.			COMMUNITY SUPPORT
FAMILY ABUSE SERVICES OF ALAMANCE COUNTY - P.O. BOX 2192 - BURLINGTON, NC 27216	56-1198802	501(C)(3)	42479.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP ADULT DAY SERVICES P.O. BOX 3303 BURLINGTON, NC 27216	56-1362204	501(C)(3)	19790.	0.			COMMUNITY SUPPORT
HOSPICE & HOSPICE PEDIATRICS 914 CHAPEL HILL ROAD BURLINGTON, NC 27215	56-1344754	501(C)(3)	27240.	0.			COMMUNITY SUPPORT
LEGAL AID OF NC - PITTSBORO 959 EAST STREET, SUITE A&B PITTSBORO, NC 27312	31-1784161	501(C)(3)	6055.	0.			COMMUNITY SUPPORT
OE ENTERPRISES, INC. - ALAMANCE OFFICE - 717 N PARK AVENUE - BURLINGTON, NC 27217	57-0740781	501(C)(3)	15202.	0.			COMMUNITY SUPPORT
OLD NORTH STATE COUNCIL/BOY SCOUTS OF ALAMANCE COUNTY - P.O. BOX 29046 - GREENSBORO, NC 27429	56-1762001	501(C)(3)	9806.	0.			COMMUNITY SUPPORT
OPEN DOOR CLINIC OF ALAMANCE COUNTY - 221A N GRAHAM-HOPEDALE RD. - BURLINGTON, NC 27217	56-1794210	501(C)(3)	16253.	0.			COMMUNITY SUPPORT
RESIDENTIAL TREATMENT SERVICES OF ALAMANCE COUNTY - P.O. BOX 427 - BURLINGTON, NC 27216	56-0988222	501(C)(3)	55724.	0.			COMMUNITY SUPPORT
SALVATION ARMY P.O. BOX 1238 BURLINGTON, NC 27216	56-0543227	501(C)(3)	18797.	0.			COMMUNITY SUPPORT
SALVATION ARMY BOYS AND GIRLS CLUB P.O. BOX 1238 BURLINGTON, NC 27216	58-0660607	501(C)(3)	70177.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNC HORIZONS 319 N GRAHAM-HOPEDALE RD. BURLINGTON, NC 27217	56-6001393	501(C)(3)	5067.	0.			COMMUNITY SUPPORT
WOMEN'S RESOURCE CENTER IN ALAMANCE COUNTY - 411-B FIFTH STREET - BURLINGTON, NC 27215	58-1917630	501(C)(3)	33531.	0.			COMMUNITY SUPPORT
LIFESPAN 919 STOKES STREET BURLINGTON, NC 27215	56-1142969	501(C)(3)	14315.	0.			COMMUNITY SUPPORT
SUSTAINABLE ALAMANCE PO BOX 298 ALAMANCE, NC 27201	26-3294877	501(C)(3)	13175.	0.			COMMUNITY SUPPORT
21ST CENTURY COMMUNITY LEARNING CENTER - 701 E MAIN STREET - HAW RIVER, NC 27258	56-1957903	501(C)(3)	25337.	0.			COMMUNITY SUPPORT
FIRST PRESBYTERIAN CHURCH 508 W. DAVIS STREET BURLINGTON, NC 27215	56-0529969	501(C)(3)	111826.	0.			COMMUNITY SUPPORT
FRONT STREET UNITED METHODIST CHURCH - PO BOX 2597 - BURLINGTON, NC 27216	56-0615203	501(C)(3)	30000.	0.			COMMUNITY SUPPORT
COMMUNITY FOUNDATION OF GREATER GREENSBORO - 330 S. GREENE STREET, SUITE 100 - GREENSBORO, NC 27401	56-1380249	501(C)(3)	22318.	0.			COMMUNITY SUPPORT
YOUNG LIFE OF ALAMANCE COUNTY PO BOX 2612 BURLINGTON, NC 27216	84-0385934	501(C)(3)	8000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOW'S LUTHERAN CHURCH PO BOX 833 GRAHAM, NC 27253	56-6531610	501(C)(3)	7500.	0.			COMMUNITY SUPPORT
BELAIR UNITED METHODIST CHURCH 80950 SHELLEY MULLIS ROAD INDIAN LAND, SC 29707	63-0256174	501(C)(3)	6500.	0.			COMMUNITY SUPPORT
WESTSIDE FELLOWSHIP PO BOX 455 ELON, NC 27244	56-2218678	501(C)(3)	7500.	0.			COMMUNITY SUPPORT
MARSHALL UNIVERSITY SCHOOL OF MEDICINE - 1600 MEDICAL CENTER DRIVE - HUNTINGTON, WV 25701	55-6011111	501(C)(3)	5000.	0.			COMMUNITY SUPPORT
MACEDONIA LUTHERAN CHURCH 421 W. FRONT STREET BURLINGTON, NC 27215	56-0594586	501(C)(3)	5500.	0.			COMMUNITY SUPPORT
ELON SCHOOL 408 W. DAVIS STREET BURLINGTON, NC 27215	20-5248163	501(C)(3)	10000.	0.			COMMUNITY SUPPORT
ALAMANCE COUNTY ARTS COUNCIL 213 SOUTH MAIN STREET GRAHAM, NC 27253	56-0751151	501(C)(3)	6000.	0.			COMMUNITY SUPPORT
BURLINGTON DAY SCHOOL 1615 GREENWOOD TERRACE BURLINGTON, NC 27215	56-0612840	501(C)(3)	6729.	0.			COMMUNITY SUPPORT
EDUCATION FOUNDATION - UNC PO BOX 2446 CHAPEL HILL, NC 27515	56-6058412	501(C)(3)	5000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

Area with horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	105531.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

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

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

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

b If "Yes," describe in Part II

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

Yes No

30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: UNITED WAY OF ALAMANCE COUNTY HAS A BROKERAGE

ACCOUNT WITH A LOCAL BROKER. STOCK DONATIONS ARE TRANSFERRED IN TO

THIS ACCOUNT AND SOLD AS SOON AS RECEIVED. A CHECK IS THEN ISSUED TO

UNITED WAY OF ALAMANCE COUNTY.

SCHEDULE O
(Form 990 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

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

HOMELESSNESS PREVENTION - UNITED WAY ADMINISTERED THE ALAMANCE COUNTY
HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP) FOR THE
YEARS 2009, 2010, AND 2011 THROUGH A GRANT RECEIVED FROM THE FEDERAL
GOVERNMENT. THIS THREE YEAR GRANT ENDED IN 2011.

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

AN AVERAGE OF 155 MEALS SERVED EACH DAY

-90% REDUCTION IN RECIDIVISM HAS BEEN REALIZED WHEN COMPARED TO STATE
AND NATIONAL AVERAGES THROUGH SUSTAINABLE ALAMANCE

FORM 990, PART IV, LINE 14A

THIRD PARTY PROCESSOR

UNITED WAY USES A THIRD PARTY PROCESSOR FOR PLEDGE FORMS. THE THIRD
PARTY PROCESSOR MAY UTILIZE SERVICES OUTSIDE THE U.S.

FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING FAMILY AND/OR
BUSINESS RELATIONSHIPS EXIST FOR OFFICERS OR DIRECTORS:

MARTI ASHER SERVES ON THE BOARD OF FUNDED AGENCIES.

JERRY BAILEY HAS A BUSINESS RELATIONSHIP WITH UNITED WAY OF ALAMANCE
COUNTY.

LUMMY BARNES IS ON THE BOARD OF THE AGENCY WHICH ADMINISTERS THE ENDOWMENT
FUNDS OF UNITED WAY OF ALAMANCE COUNTY.

EDDIE BOSWELL IS ON THE BOARD OF A FUNDED AGENCY.

KIM BUTLER HAS A BUSINESS RELATIONSHIP WITH UNITED WAY OF ALAMANCE COUNTY

Name of the organization	UNITED WAY OF ALAMANCE COUNTY, INC.	Employer identification number	56-0599239
--------------------------	-------------------------------------	--------------------------------	------------

AND WITH DAVID MOORE.

CHRIS CLEMMONS IS ON THE BOARD OF FUNDED AGENCIES AND HAS A BANKING
RELATIONSHIP WITH UNITED WAY OF ALAMANCE COUNTY.

PAM DUFFY PROVIDES PRO BONO LEGAL SERVICES TO UNITED WAY OF ALAMANCE
COUNTY.

JENNY FAULKNER IS ON THE BOARD OF FUNDED AGENCIES.

BILL GOMORY HAS A BANKING RELATIONSHIP WITH UNITED WAY OF ALAMANCE COUNTY
AND MAY HAVE BANKING RELATIONSHIPS WITH OTHER BOARD MEMBERS.

DARYL INGOLD HAS A BUSINESS RELATIONSHIP WITH JERRY BAILEY.

BECKY LOY IS ON THE BOARD OF FUNDED AGENCIES.

PAUL MAUNEY IS ON THE BOARD OF FUNDED AGENCIES AND DOES BUSINESS WITH
UNITED WAY AND MEMBERS.

TOM MCGOWEN IS ON THE BOARD OF A FUNDED AGENCY.

DAVID MOORE HAS A BUSINESS RELATIONSHIP WITH UNITED WAY AND KIM BUTLER.

ED PARRISH IS ON THE BOARD OF FUNDED AGENCIES.

PATTY PHILIPPS IS ON THE BOARD OF FUNDED AGENCIES

NIKKI RATLIFF IS A BOARD MEMBER OF A FUNDED AGENCY.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ORGANIZATION CAN
APPOINT DIRECTORS

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE REVIEWS THE 990
WITH THE TAX PREPARER BEFORE IT WAS FILED. THE AUDIT COMMITTEE ALSO
REVIEWS THE FORM 990 WITH THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO

Name of the organization

UNITED WAY OF ALAMANCE COUNTY, INC.

Employer identification number

56-0599239

COMPLETE A CONFLICT OF INTEREST POLICY AND LIST AFFILIATIONS AND ASSOCIATIONS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A: A PRESIDENT'S REVIEW WAS PERFORMED IN MAY 2013.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DONOR DESIGNATED PORTION OF INCOME	-520724.
DONOR DESIGNATED PORTION OF EXPENDITURES	427083.
TOTAL TO FORM 990, PART XI, LINE 9	-93641.

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, AND PRESENTATION OF THE AUDITED FINANCIAL STATEMENTS TO THE FULL BOARD. THE RESPONSIBILITIES OF THE AUDIT COMMITTEE ARE SIMILAR TO THE PRIOR PERIOD.

FORM 990, PART IV, LINE 28 A AND 28C

TRANSACTIONS WITH INTERESTED PERSONS

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