

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)

Department of the Treasury
 Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CATAWBA COUNTY UNITED WAY, INC. Doing Business As		D Employer identification number 56-0774714
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 2425		E Telephone number (828) 327-6851
		City or town, state or country, and ZIP + 4 HICKORY, NC 28603		G Gross receipts \$ 1,871,779.
		F Name and address of principal officer: JENNIE CONNOR PO BOX 2425, HICKORY, NC 28603		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: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CCUNITEDWAY.COM

K Type of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1985 **M State of legal domicile:** NC

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF CATAWBA COUNTY UNITED WAY IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO HELP		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of employees (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	1134
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,691,447.	1,804,367.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,476.	31,068.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,532.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,764,923.	1,839,967.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,391,804.	1,504,141.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	235,648.	277,313.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 140,392.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	139,659.	127,528.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,767,111.	1,908,982.
19 Revenue less expenses. Subtract line 18 from line 12	-2,188.	-69,015.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 2,764,949.	End of Year 2,767,037.
	21 Total liabilities (Part X, line 26)	99,025.	170,098.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,665,924.	2,596,939.

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____
 ▶ JENNIE CONNOR, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	BOWMAN, PEGG & STARR, CPAS P.O. BOX 2383 HICKORY, NC 28603-2383		EIN ▶
			Phone no. ▶

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: THE MISSION OF CATAWBA COUNTY UNITED WAY IS TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO HELP OTHERS BY MOBILIZING THE CARING POWER OF OUR COMMUNITY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 537,708. including grants of \$ 501,751.) (Revenue \$) THE CCUW PROVIDES FUNDING TO SUPPORT THE GENERAL HEALTH IMPACT AREA THROUGH FIVE NONPROFIT AGENCIES IN THE CATAWBA COUNTY AREA, INCLUDING THE FAMILY GUIDANCE CENTER, THE PARENTING NETWORK, AIDS LEADERSHIP FOOTHILLS AREA ALLIANCE, CATAWBA COUNTY HEALTH PARTNERS, AND CATAWBA VALLEY BEHAVIORIAL HEALTH. THE FUNDING PROVIDED TO THESE AGENCIES ALLOWED THE AGENCIES TO IMPROVE AND SUPPORT THE GENERAL HEALTH OF INDIVIDUALS BY PROVIDING 23 INDIVIDUALS WITH NEEDED DIABETIC SUPPLIES, EDUCATING 1,857 PARENTS IN GOOD PARENTING TECHNIQUES, TESTING 299 INDIVIDUALS FOR HIV, OFFERING 187 EDUCATIONAL PROGRAMS ON HIV PREVENTION, ASSISTING FAMILIES AND INDIVIDUALS WITH VARIOUS TYPES OF COUNSELING INCLUDING CREDIT, PERSONAL, FAMILY AND EMOTIONAL COUNSELING.

4b (Code:) (Expenses \$ 489,266. including grants of \$ 456,548.) (Revenue \$) THE CCUW PROVIDES FUNDING TO SUPPORT THE CHILDREN AND YOUTH IMPACT AREA THROUGH NINE NONPROFIT AGENCIES IN THE CATAWBA COUNTY AREA, INCLUDING PIEDMONT COUNCIL BOYS SCOUTS, CATAWBA VALLEY GIRL SCOUTS, CATAWBA COUNTY COUNCIL ON ADOLESCENTS, THE PARTNERSHIP FOR CHILDREN, YMCA - DAY CARE, COMMUNITY RIDGE DAY CARE, SALVATION ARMY BOYS AND GIRLS CLUB, SIPES ORCHARD HOMES, SOUTH MOUNTAIN CHILDRENS' HOME. THIS FUNDING ALLOWED 5,353 BOYS AND GIRLS OPPORTUNITIES TO PARTICIPATE IN SCOUTING PROGRAMS, 1,294 YOUTH WERE PROVIDED OPPORTUNITES TO PARTICIPATE IN PROGRAM AIMED AS REDUCING RISKY BEHAVIORS, 220 CHILDREN (INCLUDING 37 SPECIAL NEEDS CHILDREN) WERE PROVIDED OPPORTUNITIES TO PARTICIPATE IN QUALITY DAY CARE PROGRAMS, 395 SCHOOL AGED CHILDREN WERE GIVEN THE OPPORTUNITY TO PARTICIPATE IN AFTER-SCHOOL AND SUMMER PROGRAMS, 68

4c (Code:) (Expenses \$ 280,133. including grants of \$ 261,400.) (Revenue \$) THE CCUW PROVIDES FUNDING TO SUPPORT THE EMERGENCY AND CRISIS NEED IMPACT AREA THROUGH FOUR NONPROFIT AGENCIES IN THE CATAWBA COUNTY AREA, INCLUDING THE AMERICAN RED CROSS, THE RAPE CRISIS CENTER, THE SALVATION ARMY AND THE EASTERN CATAWBA COUNTY COOPERATIVE CHRISTIAN MINISTRIES. THIS FUNDING ASSISTED FAMILIES AND VICTIMS DURING THEIR TIME OF NEED BY PROVIDING CRISIS FINANCIAL ASSISTANCE TO 410 FAMILIES FOR UTILITIES, RENT, OR HEATING FUEL, PROVIDING SUPPORT TO 331 SEXUAL ASSAULT VICTIMS, PROVIDING SHELTER FOR 394 HOMELESS INDIVIDUALS AND FINANCIAL ASSISTANCE FOR 942 FAMILIES, PROVIDING FINANCIAL ASSISTANCE TO 49 FAMILIES AFTER HOUSE FIRES AND PROVIDING EDUCATION TO OVER 21,000 PEOPLE IN DISASTER PREPAREDNESS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 379,268. including grants of \$ 284,442.) (Revenue \$)

4e Total program service expenses \$ 1,686,375. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as 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 U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	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
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	2	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	6	
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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?		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	7d	
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		29
1b	Enter the number of voting members that are independent		29
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TAMMY DOTSON - 828-327-6851**
P.O. BOX 2425, HICKORY, NC 28601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TONY WOLFE PRESIDENT	1.00	X		X				0.	0.	0.
RODNEY MILLER VICE PRESIDENT	1.00	X		X				0.	0.	0.
DENNIS HURST TREASURER	1.00	X		X				0.	0.	0.
GUY HARTSELL PAST PRESIDENT	1.00	X		X				0.	0.	0.
JOHN SMITH CAMPAIGN CHAIR	1.00	X		X				0.	0.	0.
JOYCE SPENCER MEMBER AT LARGE	1.00	X		X				0.	0.	0.
ROBERT GLYNN BOARD MEMBER	1.00	X						0.	0.	0.
TIM LARSON BOARD MEMBER	1.00	X						0.	0.	0.
GARY LAWS BOARD MEMBER	1.00	X						0.	0.	0.
L.F. MILLER BOARD MEMBER	1.00	X						0.	0.	0.
STEPHEN PALMER BOARD MEMBER	1.00	X						0.	0.	0.
JULIE PRUETT BOARD MEMBER	1.00	X						0.	0.	0.
ALEX SHUFORD BOARD MEMBER	1.00	X						0.	0.	0.
LARRY AIELLO BOARD MEMBER	1.00	X						0.	0.	0.
MICK BERRY BOARD MEMBER	1.00	X						0.	0.	0.
SAMMY BURNETT BOARD MEMBER	1.00	X						0.	0.	0.
JOAN GARDNER BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GARRETT HINSHAW BOARD MEMBER	1.00	X						0.	0.	0.
LARRY HUGHES BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN ALLSHOUSE BOARD MEMBER	1.00	X						0.	0.	0.
PHIL ARMSTRONG BOARD MEMBER	1.00	X						0.	0.	0.
STEPHEN ELLIS BOARD MEMBER	1.00	X						0.	0.	0.
BRIAN GEORGE BOARD MEMBER	1.00	X						0.	0.	0.
GUY GUARINO BOARD MEMBER	1.00	X						0.	0.	0.
GROVER LINEBARGER BOARD MEMBER	1.00	X						0.	0.	0.
BILL LINQUIST BOARD MEMBER	1.00	X						0.	0.	0.
TIM MARKLEY BOARD MEMBER	1.00	X						0.	0.	0.
1b Total								95,946.	0.	18,268.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

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

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	44,044.				
	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	1760323.				
	g	Noncash contributions included in lines 1a-1f: \$		3,215.				
	h	Total. Add lines 1a-1f		1,804,367.				
	Program Service Revenue	2 a	Business Code				
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)		33,718.			33,718.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)		-2,650.	-2,650.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
			b	Less: direct expenses				
			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					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	CONSULTING INCOME AND		541900	4,532.	4,532.			
b							
c							
d	All other revenue							
e	Total. Add lines 11a-11d			4,532.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1,839,967.	1,882.	0.	33,718.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,504,141.	1,504,141.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	114,214.	45,686.	22,842.	45,686.
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	116,608.	64,984.	17,207.	34,417.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	30,231.	15,845.	4,797.	9,589.
10 Payroll taxes	16,260.	7,906.	2,785.	5,569.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,200.	2,080.	1,040.	2,080.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	2,978.	1,518.	487.	973.
14 Information technology				
15 Royalties				
16 Occupancy	8,823.	3,529.	1,765.	3,529.
17 Travel	4,396.	2,077.	773.	1,546.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,304.	1,221.	361.	722.
20 Interest				
21 Payments to affiliates	17,753.		17,753.	
22 Depreciation, depletion, and amortization	10,262.	4,104.	2,053.	4,105.
23 Insurance	5,330.	2,220.	1,037.	2,073.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS	20,611.	15,959.	156.	4,496.
b CAMPAIGN EXPENSES	19,717.			19,717.
c CONTRACT LABOR	7,992.	7,992.		
d DUES AND LICENSES	7,075.	344.	6,387.	344.
e REPAIRS & MAINTENANCE	6,514.	2,605.	1,303.	2,606.
f All other expenses	8,573.	4,164.	1,469.	2,940.
25 Total functional expenses. Add lines 1 through 24f	1,908,982.	1,686,375.	82,215.	140,392.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,716,634.	2	1,618,945.
	3 Pledges and grants receivable, net	957,996.	3	1,093,759.
	4 Accounts receivable, net	1,806.	4	1,600.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,600.	9	
	10a Land, buildings, and equipment: cost basis ...	10a 149,324.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 96,591.	39,376.	10c 52,733.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	47,537.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		2,764,949.	16	2,767,037.
Liabilities	17 Accounts payable and accrued expenses	12,025.	17	27,336.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	87,000.	25	142,762.
	26 Total liabilities. Add lines 17 through 25	99,025.	26	170,098.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,492,502.	27	1,343,758.
	28 Temporarily restricted net assets	951,194.	28	1,020,953.
	29 Permanently restricted net assets	222,228.	29	232,228.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,665,924.	33	2,596,939.	
34 Total liabilities and net assets/fund balances	2,764,949.	34	2,767,037.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1812144.	1512306.	1864687.	1691447.	1804367.	8684951.
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 - 3	1812144.	1512306.	1864687.	1691447.	1804367.	8684951.
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)						34,280.
6 Public Support. Subtract line 5 from line 4.						8650671.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1812144.	1512306.	1864687.	1691447.	1804367.	8684951.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,913.	42,107.	73,493.	73,476.	31,068.	241,057.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					4,532.	4,532.
11 Total support. Add lines 7 through 10						8930540.
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 2008 (line 6, column (f) divided by line 11, column (f))	14	96.87 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.96 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 - 2007. 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

CATAWBA COUNTY UNITED WAY, INC.

Employer identification number

56-0774714

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CATAWBA COUNTY EMPLOYEES P O BOX 389 NEWTON, NC 28658	\$ 91,681.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CATAWBA COUNTY SCHOOLS EMPLOYEES P O BOX 1000 NEWTON, NC 28658	\$ 93,502.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CATAWBA VALLEY MEDICAL CENTER EMPLOYEES 810 FAIRGROVE CHURH ROAD HICKORY, NC 28602	\$ 38,807.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CENTURY FURNITURE P O BOX 608 HICKORY, NC 28603	\$ 42,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CENTURY FURNITURE EMPLOYEES P O BOX 608 HICKORY, NC 28603	\$ 52,674.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	COMMSCOPE EMPLOYEES PO BOX 1729 HICKORY, NC 28603	\$ 137,566.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>CORNING CABLE EMPLOYEES</u> <u>PO BOX 489</u> <u>HICKORY, NC 28601</u>	\$ <u>113,077.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>DUKE ENERGY COMPREHENSIVE</u> <u>P O BOX 669</u> <u>HICKORY, NC 28603</u>	\$ <u>37,959.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>DUKE ENERGY COMPREHENSIVE EMPLOYEES</u> <u>P O BOX 669</u> <u>HICKORY, NC 28603</u>	\$ <u>43,642.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>ENTERPRISE LEASING & RENT A CAR EMPLOYEES</u> <u>962 HWY 70 SE</u> <u>HICKORY, NC 28602</u>	\$ <u>83,373.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>SHURTAPE TECHNOLOGY EMPLOYEES</u> <u>P O BOX 1530</u> <u>HICKORY, NC 28603</u>	\$ <u>97,594.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CATAWBA COUNTY UNITED WAY, INC.

Employer identification number

56-0774714

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

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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	222,228.				
b Contributions	10,000.				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	232,228.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment 100.00 %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		149,324.	96,591.	52,733.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				52,733.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,839,967.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,908,982.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-69,015.
4	Net unrealized gains (losses) on investments	4	30.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	30.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-68,985.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,682,055.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	30.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	30.
3	Subtract line 2e from line 1	3	1,682,025.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	157,942.
c	Add lines 4a and 4b	4c	157,942.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,839,967.

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

1	Total expenses and losses per audited financial statements	1	1,751,040.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,751,040.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	157,942.
c	Add lines 4a and 4b	4c	157,942.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,908,982.

Part XIV Supplemental Information

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES: 157942.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES: 157942.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY GUIDANCE CENTER, INC. 17 HIGHWAY 70 SE HICKORY, NC 28602	56-6020417	501(C)(3)	430,251.	0.			COUNSELING SERVICES & DOMESTIC VIOLENCE SHELTER
AMERICAN RED CROSS - CATAWBA VALLEY CHAPTER - PO BOX 1329 - HICKORY, NC 28603	56-6000033	501(C)(3)	122,400.	0.			"BE RED CROSS READY" PROGRAM "BE RED CROSS READY" PROGRAM
THE SALVATION ARMY - HICKORY PO BOX 1167 HICKORY, NC 28603	13-5562351	501(C)(3)	72,100.	0.			HOMELESS SHELTER SUPPORT AND CRISIS FINANCIAL ASSISTANCE FOR UTILITIES, RENT, & HEATING FUEL
PIEDMONT COUNCIL, INC. BOY SCOUTS OF AMERICA - PO BOX 1059 - GASTONIA, NC 28053	56-0529991	501(C)(3)	70,800.	0.			SUBSIDIZE SCOUTING PROGRAM
GIRL SCOUT COUNCIL OF THE CATAWBA VALLEY AREA, INC. - 530 4TH STREET SE - HICKORY, NC 28602	56-0529942	501(C)(3)	58,523.	0.			SUBSIDIZE SCOUTING PROGRAM SUBSIDIZE SCOUTING PROGRAM
COUNCIL ON ADOLESCENTS OF CATAWBA COUNTY, INC - 1120 FAIRGROVE CHURCH ROAD SE SUITE 22 - HICKORY, NC 28602	56-1495483	501(C)(3)	48,900.	0.			PREVENTION & EDUCATION PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **47.**
- 3** Enter total number of other organizations ▶

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

Schedule I (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

CATAWBA COUNTY UNITED WAY, INC.

Employer identification number

56-0774714

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SIPE'S ORCHARD HOMES, INC. 4431 COUNTY HOME ROAD CONOVER, NC 28613	56-0547524	501(C)(3)	43,100.	0.			MORE-AT-FOUR, THERAPEUTIC DAY PROGRAM, AND RESIDENTIAL TREATMENT PROGRAM
SOUTHMOUNTAIN CHILDREN AND FAMILY SERVICES - 7330 MYRTLE DRIVE - NEBO, NC 28761	56-0672457	501(C)(3)	13,333.	0.			RESIDENTIAL TREATMENT AND THERAPEUTIC FOSTER CARE
YMCA OF CATAWBA VALLEY, INC. PO BOX 2608 HICKORY, NC 28603	56-0928743	501(C)(3)	55,300.	0.			CHILD CARE CHILD CARE
ADULT LIFE PROGRAMS PO BOX 807 HICKORY, NC 28603	58-1509463	501(C)(3)	55,000.	0.			ADULT DAY CARE
RAPE CRISIS CENTER OF CATAWBA COUNTY, INC. - 848 HIGHLAND AVENUE NE - HICKORY, NC 28601	58-1680785	501(C)(3)	41,900.	0.			VICTIM ADVOCATE & COMMUNITY OUTREACH PROGRAMS
THE SALVATION ARMY - HICKORY - BOYS & GIRLS CLUB - PO BOX 1167 - HICKORY, NC 28603	13-5562351	501(C)(3)	73,992.	0.			AFTER SCHOOL & SUMMER PROGRAMS
WOMEN'S RESOURCE CENTER, INC. PO BOX 1608 HICKORY, NC 28603	58-1727592	501(C)(3)	9,000.	0.			TRANSITIONAL SERVICES PROGRAM
FLYNN CHRISTIAN FELLOWSHIP HOUSES OF HICKORY, NC, INC. - PO BOX 3567 - HICKORY, NC 28603	56-1127490	501(C)(3)	10,000.	0.			GENERAL PROGRAM COSTS

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

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Inspection**

Name of the organization

CATAWBA COUNTY UNITED WAY, INC.

Employer identification number

56-0774714

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AIDS LEADERSHIP FOOTHILLS AREA ALLIANCE, INC. - 1120 FAIRGROVE CHURCH ROAD SE SUITE 28 - HICKORY, NC 28602	58-1842529	501(C)(3)	46,500.	0.			COMMUNITY OUTREACH PROGRAM
COMMUNITY RIDGE DAY CARE CENTER, INC. - PO BOX 1322 - HICKORY, NC 28603	58-1313038	501(C)(3)	35,500.	0.			CHILD CARE
EXODUS OUTREACH FOUNDATION, INC. PO BOX 3311 HICKORY, NC 28603	56-2109492	501(C)(3)	52,500.	0.			HOUSING & TRANSPORTATION EXPENSES OF RESIDENTS
EASTERN CATAWBA COOPERATIVE CHRISTIAN MINISTRIES, INC. - PO BOX 31 - NEWTON, NC 28658	56-0946753	501(C)(3)	25,000.	0.			CRISIS FINANCIAL ASSISTANCE FOR UTILITIES, RENT, PHARMACEUTICALS, & HEATING FUEL
PARENTING NETWORK PO BOX 1000 NEWTON, NC 28658	56-6001003	SCHOOL SYSTEM	10,000.	0.			EDUCATIONAL PROGRAMS
CATAWBA COUNTY PARTNERSHIP FOR CHILDREN - 1985 TATE BLVD SE - HICKORY, NC 28602	58-2139195	501(C)(3)	57,100.	0.			PROVIDE QUALITY DAY CARE FOR SPECIAL NEEDS CHILDREN
CATAWBA COUNTY HEALTH PARTNERS, INC. - 3070 11TH AVENUE DRIVE SE - HICKORY, NC 28602	41-2179327	501(C)(3)	10,000.	0.			GENERAL PROGRAM COSTS
THE MENTAL HEALTH FUND, INC. DBA CATAWBA VALLEY BEHAVIORAL HEALTHCARE - 3050 11TH AVENUE DRIVE SE - HICKORY, NC 28602	56-2151678	501(C)(3)	5,000.	0.			ASSIST IN ONE-TIME HOUSING COSTS

2 Enter total number of Section 501(c)(3) and government organizations **25**

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2008

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CATAWBA COUNTY UNITED WAY, INC.

Employer identification number

56-0774714

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAY OF IREDELL COUNTY 1835 DAVIE AVE, SUITE 401 STATESVILLE, NC 28677	56-0792674	501(C)(3)	9,930.	0.			DONOR DESIGNATIONS
UNITED WAY OF ALEXANDER COUNTY PO BOX 232 TAYLORSVILLE, NC 28681	23-7167537	501(C)(3)	14,529.	0.			DONOR DESIGNATIONS
BURKE COUNTY UNITED WAY 301 EAST MEETING STREET MORGANTON, NC 28655	56-0929553	501(C)(3)	14,790.	0.			DONOR DESIGNATIONS
CALDWELL COUNTY UNITED FUND, INC. PO BOX 1316 LENOIR, NC 28645	56-6067038	501(C)(3)	37,282.	0.			DONOR DESIGNATIONS
UNITED WAY OF LINCOLN COUNTY PO BOX 234 LINCOLNTON, NC 28093	23-7125926	501(C)(3)	10,429.	0.			DONOR DESIGNATIONS
UNITED WAY OF ASHEVILLE & BUNCOMBE COUNTY, INC. - 50 S. FRENCH BROAD AVE - ASHEVILLE, NC 28801	56-0576157	501(C)(3)	10,439.	0.			DONOR DESIGNATIONS
UNITED WAY OF CLEVELAND COUNTY, INC. - 132 W. GRAHAM STREET - SHELBY, NC 28150	56-6030073	501(C)(3)	1,280.	0.			DONOR DESIGNATIONS
UNITED WAY OF GASTON COUNTY, INC. PO BOX 2597 GASTONIA, NC 28053	56-0653356	501(C)(3)	14,901.	0.			DONOR DESIGNATIONS

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

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Inspection**

Name of the organization

CATAWBA COUNTY UNITED WAY, INC.

Employer identification number

56-0774714

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ROWAN COUNTY UNITED WAY , INC. PO BOX 5065 SALISBURY, NC 28144	56-0642828	501(C)(3)	1,065.	0.			DONOR DESIGNATIONS
UNITED WAY OF HAYWOOD COUNTY, INC. 2143 ASHEVILLE ROAD WAYNESVILLE, NC 28786	23-7112548	501(C)(3)	1,830.	0.			DONOR DESIGNATIONS
UNITED WAY OF RUTHERFORD COUNTY, INC. - PO BOX 823 - SPINDALE, NC 28160	56-1030597	501(C)(3)	1,593.	0.			DONOR DESIGNATIONS
UNITED WAY OF YORK COUNTY, SC PO BOX 925 ROCK HILL, SC 29731	57-0360058	501(C)(3)	1,470.	0.			DONOR DESIGNATIONS
UNITED WAY OF WILKES COUNTY, INC. 910 C STREET NORTH WILKESBORO, NC 28659	56-0942846	501(C)(3)	4,120.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL CAROLINAS, INC. - 301 SOUTH BREVARD STREET - CHARLOTTE, NC 28202	56-0529948	501(C)(3)	28,405.	0.			DONOR DESIGNATIONS
HIGH COUNTRY UNITED WAY PO BOX 247 BOONE , NC 28607	56-1218079	501(C)(3)	951.	0.			DONOR DESIGNATIONS
MCDOWELL COUNTY UNITED WAY, INC. 60 E COURT STREET, SUITE 233 MARION, NC 28752	56-0797948	501(C)(3)	747.	0.			DONOR DESIGNATIONS

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2008

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Inspection**

Name of the organization

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Employer identification number

56-0774714

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAY OF ALAMANCE COUNTY NORTH CAROLINA, INC. - PO BOX 1258 - BURLINGTON, NC 27216	56-0599239	501(C)(3)	50.	0.			DONOR DESIGNATIONS
UNITED WAY OF CUMBERLAND COUNTY, INC. - PO BOX 303 - FAYETTEVILLE, NC 28302	56-0564342	501(C)(3)	50.	0.			DONOR DESIGNATIONS
UNITED WAY OF DAVIDSON COUNTY, INC. - PO BOX 5492 - LEXINGTON, NC 27293	56-1847133	501(C)(3)	675.	0.			DONOR DESIGNATIONS
UNITED WAY OF FORSYTH COUNTY, INC. 301 NORTH MAIN STREET, SUITE 1700 WINSTON-SALEM, NC 27101	23-7357234	501(C)(3)	339.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREENVILLE COUNTY, INC. - 105 EDINBURGH COURT - GREENVILLE, SC 29607	57-0362066	501(C)(3)	249.	0.			DONOR DESIGNATIONS
HENDERSON COUNTY UNITED WAY, INC. 722 5TH AVENUE W HENDERSONVILLE, NC 28793	56-0890133	501(C)(3)	374.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE SOUTHERN TIER, INC - 300 CIVIC CENTER PLAZA - CORNING, NY 14830	16-1451041	501(C)(3)	700.	0.			DONOR DESIGNATIONS
UNITED WAY OF STANLY COUNTY, INC. 328-C SOUTH FIRST STREET ALBEMARLE, NC 28001	56-0841588	501(C)(3)	498.	0.			DONOR DESIGNATIONS

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

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2008

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56-0774714

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAY OF ROANOKE VALLEY, INC. 325 CAMPBELL AVENUE ROANOKE, VA 24016	54-0535302	501(C)(3)	1,246.	0.			DONOR DESIGNATIONS

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

3 Enter total number of other organizations **▶**

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CATAWBA COUNTY UNITED WAY, INC.

Employer identification number

56-0774714

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

OTHERS BY MOBILIZING THE CARING POWER OF OUR COMMUNITY. THIS MISSION IS CARRIED OUT THROUGH THE FUNDRAISING CAMPAIGNS THAT PROVIDES FUNDING TO LOCAL IMPACT PARTNERS ON ACHIEVING OUTCOMES IN THE FOUR SPECIFIC AREAS DETERMINED TO BE ESSENTIAL IN IMPROVING PEOPLES LIVES AND STRENGTHENING OUR COMMUNITY:

- 1. CHILDREN AND YOUTH
- 2. GENERAL HEALTH
- 3. INDEPENDENT LIVING
- 4. EMERGENCY AND CRISIS

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

PRESCHOOL AGE CHILDREN WERE SERVED THROUGH A MORE AT FOUR PROGRAM BY PROVIDING FINANCIAL ASSISTANCE TO LOW INCOME FAMILIES, AND 77 DAYS OF FOSTER CARE WAS PROVIDED TO NEEDY CHILDREN IN THE FOSTER CARE SYSTEM.

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

DESIGNATIONS - EXPENSES - \$157,942 GRANTS - \$157,942 REVENUES \$0

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

INDEPENDENT LIVING IMPACT AREA - EXPENSES - \$126,500 GRANTS -

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\$126,500 REVENUES \$0

THE CCUW PROVIDES FUNDING TO SUPPORT THE INDEPENDENT LIVING YOUTH IMPACT AREA THROUGH FOUR NONPROFIT AGENCIES IN THE CATAWBA COUNTY AREA, INCLUDING ADULT LIFE PROGRAMS, EXODUS HOMES, FLYNN CHRISTIAN FELLOWSHIP HOMES AND THE WOMENS RESOURCE CENTER. THIS FUNDING HAS PROVIDING FUNDING FOR 940 DAYS OF ADULT DAY CARE FOR INDIVIDUALS WHO NEED CARE, PROVIDING HOUSING ASSISTANCE FOR 68 RECOVERING ALCOHOLIC MEN, ASSISTED 242 INDIVIDUAL THROUGH VARIOUS PROGRAM ASSISTANCE INCLUDING TRANSITIONAL AND PERMANENT SUPPORTIVE HOUSING FOR HOMELESS RECOVERING ADDICTS, ALCOHOLICS, AND FORMERLY INCARCERATED PEOPLE RETURNING TO OUR COMMUNITY FROM TREATMENT PROGRAMS AND PRISON.

VOLUNTEER COORINATION/INFORMATION REFERRAL - EXPENSES - \$85,760

GRANTS - \$0 REVENUES - \$0

COORDINATES VOLUNTEERS TO ASSIST WITH UNITED WAY ACTIVITIES AS WELL AS REFERS VOLUNTEERS TO LOCAL AREA NON-PROFIT ORGANIZATIONS. COORDINATES THE ANNUAL DAYS OF CARING EVENT. THE EVENTS ALLOWS LOCAL NON-PROFITS TO SUBMIT SPECIAL PROJECTS THEY NEED COMPLETED. THESE PROJECTS CAN INCLUDE PAINTING, LANDSCAPING, BUILDING, READING, ETC. VARIOUS COMPANIES HAVE VOLUNTEER TEAMS THAT SELECT FROM THE LIST OF PROJECTS. THE COMMUNITY BENEFITS FROM GOOD WORK THAT IS DONE FOR A GREAT CAUSE. VOLUNTEER CENTER ALSO OFFERS ANNUAL OPPORTUNITY FOR LOCAL NON-PROFITS TO HONOR THEIR VOLUNTEERS BY NOMINATING THEM FOR THE GIVING FROM THE HEART AWARD. THIS EVENT IS A LUNCHEON WHERE ALL NOMINATED VOLUNTEERS ARE RECOGNIZED AND WINNERS FROM THE CATEGORIES OF INDIVIDUAL, YOUTH, AND GROUP ARE ANNOUNCED. THE WINNERS RECEIVE AN AWARD AND THE

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
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NON-PROFIT THAT NOMINATED THEM RECEIVE A \$500 CHECK. ADMINISTERS THE
2-1-1 INFORMATION & REFERRAL DATABASE WHICH IS A FREE AND CONFIDENTIAL
SERVICE AVAILABLE 24 HOURS A DAY -- EVERYDAY TO HELP INDIVIDUALS FIND
THE HELP THEY NEED.

EXPENSES \$ 379268. INCLUDING GRANTS OF \$ 284442. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE COMPLETE IRS FORM 990 IS
PRESENTED TO AND REVIEWED WITH THE FINANCE AND THE EXECUTIVE COMMITTEES.
THE 990 IS THEN PRESENTED TO THE FULL BOARD FOR APPROVAL PRIOR TO FILING.

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

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

FORM 990, PART VI, SECTION C, LINE 19: THE AUDITED FINANCIAL STATEMENTS,
COPIES OF OTHER GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE
AVAILABLE UPON REQUEST.